

1	66 09003 La TIMORE CITY HEALTH D	EDADTAGENT OO OOO
C-120		IFICATE OF DEATH Registered No.
	M.E. CASE NO.	ITICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	ALBERT W: SEVICK 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. U	SUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. S	Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Baltimore
C	Mercy Hospital	TREET ADDRESS (If rurol, give locofon)
		2042 E. Biddle Street ITE OF BIRTH 9. AGE (In yeors f Under 1 Yr. f Under 24 His.
	Male White WIDOWED, DIVORCED(specify)	0 - 25-1899 lost birthday) Months Doys Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. B done during most of working life, even if retired)	WHAT COUNTRY?
	13. FATHER'S NAME 14.NO	MARYLAND UES-A.
	NAMES SEVICE	ANNA -
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. IN	FORMANT ADDRESS
	1/0 - 216-01-4757	Mrs. Claro. Type Swich - 2042 F. Biddle)
	18. F 1 S CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cline	not wound of abdomen
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lot would of abdomen
	injury or complication which caused death.)	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 WAS PERFORMED	A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYOR CAUSES OF DEATH? Yes Yes
	Z 21A, EXTERNAL CAUSE WAS O UNDERLYING NOR CONTRIB- 1218. PLACE OF INJURY (e.g., in or home, form, foctory, street, office	obout 21C. WHERE DID (If in Boltimore City, give exact location) bidg, INJURY OCCUR?
	Store	835 N. Gay Street
	21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR? Visiting piece who is an employee and
	(APPROX.) Sept. 4, 1966 5:25 P. WHILE AT NOT WHILE AT NOT WHILE AT WORK	Visiting niece who is an employee and shot by one of two holdup men.
	1 certify that I held an Inquiry Inspection Autopsy	
	resulted fram: Natural causes Accident Suicide	Homicide X Undetermined manner
	ACTUAL (lies (8)	CHIEF MEDICAL EXAMINER A DATE SIGNED
		OCIATE MEDICAL EXAMINER September 5, 1966
	NAME (Type)	
	236. DATE 236. NAME of CEMETERY OF CRE REMOVAL (Specify) 9-9-66 SALTIMORE	BALTO, MD. (Stote)
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	SEP 1966 A. Land E. S. C. P. A.	Startly typle - 2334 Jefferson H
	VS 1.51 -ev_1/1/65	

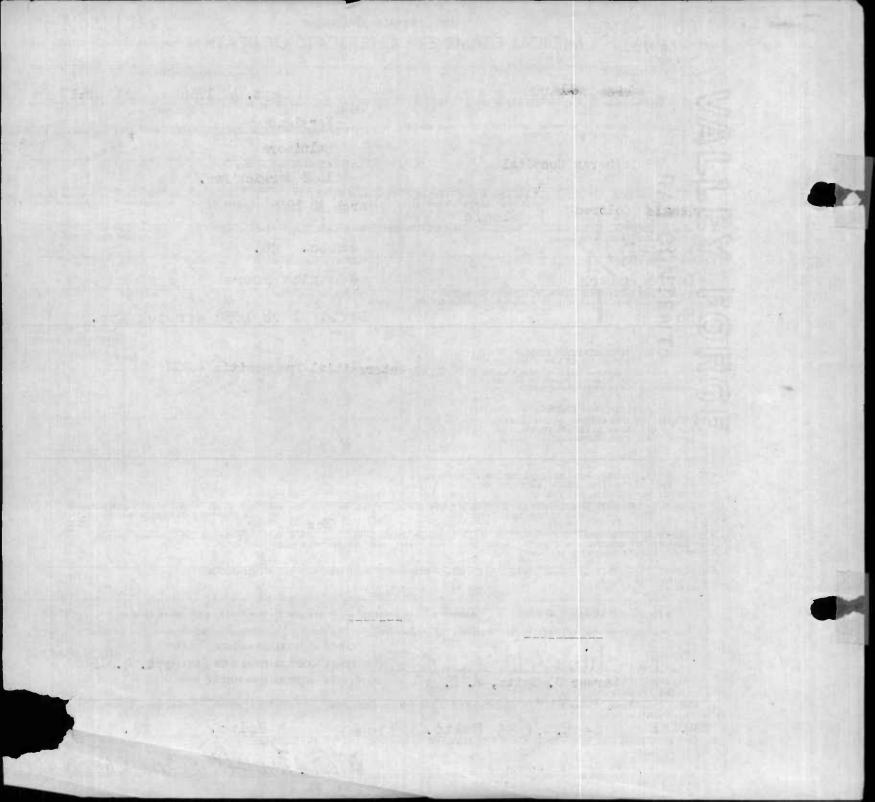
MARKER 10-25-1399 66 Лого Мигини Лога Вы Мануимия U.S. 19 clarer Sevice Aura -210-11-157 Ma Cles He Loid - 3042 5 3 220 BURIAL 9-9-66 BALTIMERE CEM, BALTO MA. Harry Hell - 2384 Jeffers

		66	0;)U()4
d	BIRTH	NO.	10.01	1391	0

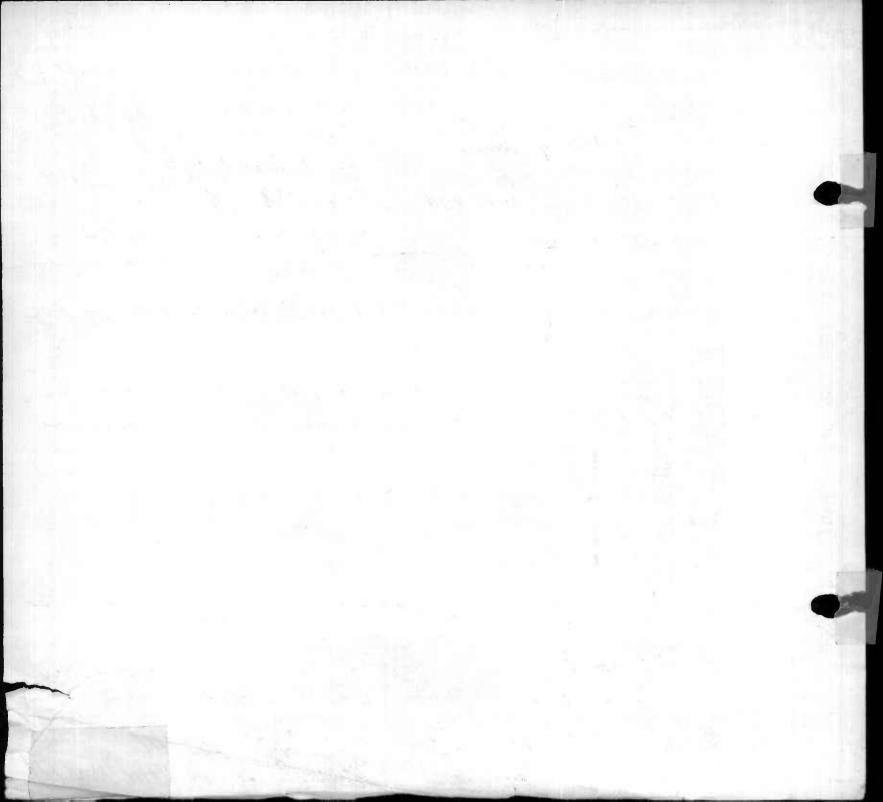
VS 151-REV. 1/1/65

BIRTH NO. 06-67396 MED M.E. CASE NO.	ICAL EX	(AMINER'S C	CERTIFICA	TE OF [DEATH Registe	red Na	
1. NAME OF DECEASED				2, DATE ANI	HOUR PRONOUNC	ED DEAD	
(Type or Print)	יור				1//		
B. PLACE IN BALTIMORE, MARYLAND, V		INCED DEAD	4. USUAL RESID	Sept DENCE (Where	deceased lived. If inst	itution: resi	idence belore admissio
			A. STATE		B. COU	INTY	
HOSPITAL OR ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	Tyland WN (II outside	corporate limits, write	RURAL	and give township)
NSTITUTION				Ltimore	10	POLICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERS	N R
Lutheran Ho	doital		D. STREET ADD		give location)		
V -				2 Warwi			
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	I If I Inde	er 1 Yr. II Under 24 Hi
Female Colored		DIVORCED (specify)	March 30		lost birthday)	Months 5	Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of wo	K TOB. KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	n country)	12. CITIZ	
done during most of working life, even if retired) \$100.000			Balto	. Md.		WHA	AT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S M				
David Clark			#Juar	nita Mo	ore		
5. WAS DECEASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	1100 110	010	ADDRES	.5
Yes, no orunknown) (If yes, give war or dot	es of service)	SECURITY NO.					
no			David	Clark	1652 Warw	ick /	ve.
18. 525 X		CAUS	E OF DEATH				INTERVAL BETWEEN
DISEASE OR CONDITION D							
(This does not meon the mode on heart loilure, asthenia, etc. It mean injury or complication which coused	f dying, e.g., s the disease,	(A) In	terstitial	L Pneumo	nitis (SDII	.)	
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	****	***************************************					
	UNDERLYING CONDITION LAST.						
<u> </u>		1 1000000000000000000000000000000000000					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CON	LATED TO T						
19A, DATE OF OPERATION 19B, COI		WHICH OPERATION	20A. AUTOPSY		208. IF YES, WERE FIR		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	WHERE DID	If in Boltimore City, gi	ve exoct l	ocotion)
21D TIME (Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F. H	OW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	V	VHILE AT NOT	WHILE WORK				
22. I certify that I held an	Inquiry 🗌	Inspection .	utopsy an	d that an thi	s basis, death in m	ny opinia	n
resulted from: Natural co	uses y A	ccident Suici			Indetermined manne	er 🗌	
ACTUAL SIGNATURE	Sh.	Zn (M.I	ASSISTANT M		AMINER X Se	pt. 4	DATE SIGNED
EXAMINER'S Werner U.	410		ASSOCIATE M				
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23	C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or	countyl
Burial Sept.	9,1966		ional		alto.	Md.	
SEP 7 1966	248, N AME	OF REGISTRAR	T/L/	AL DIRECTOR	IN/ Day 3	inn	ADDRESS VX

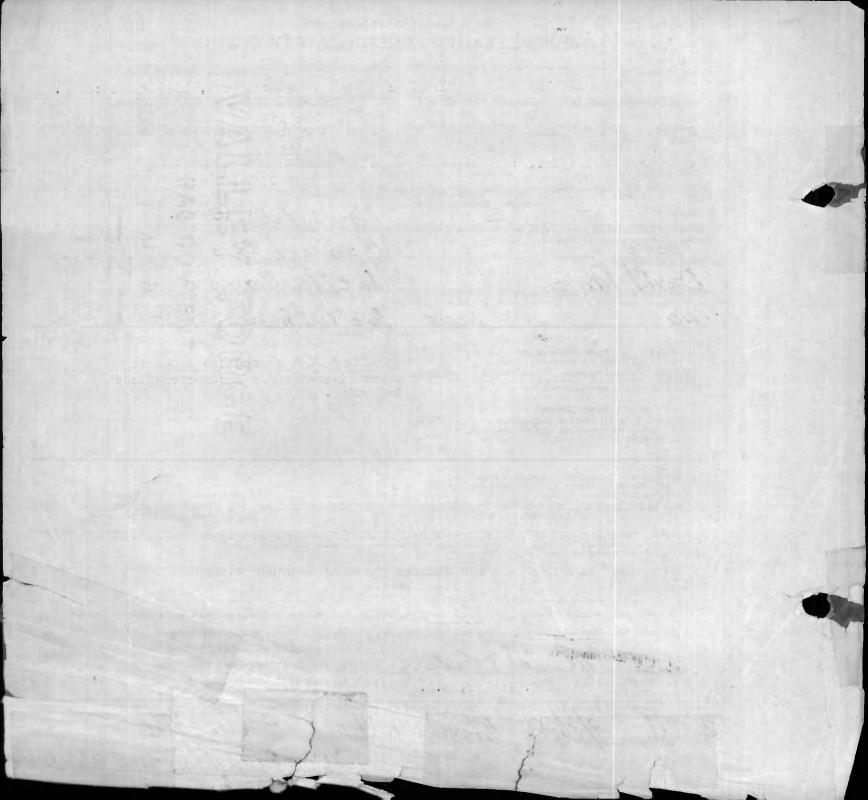
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7		00 0000	BALTIMORE CITY	HEALTH DEPARTMENT	
4		H NO. 66 U9005	CERTIFICA	TE OF DEATH Reg	gistered No. UU UUUU
	1, N.	AME OF DECEASED	0 1	2. DATE AND HOU	IR OF DEATH
	. , , ,	Charles	ShAW	9-4-60	12:50 Pm.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B, COUNTY	osed lived. If institution: residence before odm/ssion)
	F	ULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND	y limits, write RURAL and give township)
	11	NSTITUTION George Wasi	hungton	BALTIMORE	Tillins, write KOKAL and diversome sign)
9	0	Nulksing 1	tome		ve location)
6				3639 Liber	ly Hgts.
mad	5. S		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE	Min years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
S L		USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)		11, BIRTHPLACE (Stote or foreign coun	12. CITIZEN OF WHAT COUNTRY?
disposition		GARDNER		MARYLAND	U.SA
OSI	13. [FATHER'S NAME		MARY LAND	
Sp	(Charles Shaw		SARAh	.7
	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO,	17. INFORMANT	ADDRESS
final	un	Knows	212-16-6705	Chart # 122	607 tennA Ave
0		18. 4 43 XI	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Brown	chomeumonia	8 days
E		(This daes nat meon the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	/	
ر م		injuty at camplicalian which coused death,)	Prane	vene of Ad From	Hornfeded 3 months
e em		ANTECEDENT CAUSES	DUE TO		<u>G7</u> ,
5		DISEASES OR CONDITIONS, if any, girise la lhe abave cause (A) slaling	the (c) Gen	rene of Rd, From	Unknown
remains		UNDERLYING CONDITION last.			
emo	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO	TING House for	ve Card - Vare. To	Carrow Unknown
0	CAT	DISEASE OR CONDITION CAUSING IT.			IF YES, WERE FINDINGS CONSIDERED
e the	RTIFI	WAS PERFORMED	TOR WHICH OFERATION	NO IN C	ERTIFYING CAUSES OF DEATH?
before	ادا	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., it home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
	U	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OF	CCUR?
ained	ME	OF INJURY (APPROX.)	While At Not While At Work		
bta		22. I certify that (I) (t his hospital) ottend		1412 6 106	5 to Sept. 4 19 66.
pe o	ny) (our) apinion death occurred on the date				
must		23A. SIGNATURE	44 D AH	AAA - Sauli -	23B. DATE SIGNED
0		E & Nort			Sept 4, 1966
approval		23C. PHYSICIAN'S NAME (Type) F. F. Holf	M. D.	3715 Liberty (Syl	s, Ave.
	24A	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATIO	N (City, town, or county) (mate)
written	13	Whiat 9/8/14/2003	Stillallheurs	Cam Must x	ilds Illd.
ŧ	25A	/ /	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADORESS ADORESS
\$	VS	SEP 7 1966 (12.4)	E. Jaley M. R.	YVILLIAMS YUMPAY,	Mane 24 11 Schröderst.
	¥ 3	- 30 - 110 TO 17 TO 37			



	66,0900	6,.		BALTIMORE CITY HEAL			66	09006	
BIR	TH NO. Cleveland,	UNUMEDI	CAL EX	CAMINER'S CI	ERTIFICA 1	TE OF DEATH Regi	stered No		
-	E. CASE NO.								
(Ту	NAME OF DECEASED	LATAN	IVΔ	RIVERS c		2. DATE AND HOUR PRONOU			
3 1	PLACE IN BALTIMORE,				Us trainer area	September 4, 1		0:40 A. M.	
3.	EACE III DALIMORE	MARILAND, W	HERE PRONOC	INCED DEAD	A. STATE	ENCE (Where deceased lived, If B. (institution: resident	ce before odmission)	
FU	LL NAME OF (IF I	NOT IN HOSPITA	L OR INSTITU	ITION, GIVE STREET		VN (If outside corporate limits, v	write PIIPAI and	aius Assessiel	
	TITUTION	DRESS OR LOCA	11014)			altimore	The state of	give lownship)	
3/	2309 (Chelsa Te	rrace			RESS (If rurol, give location)	1	Complete	
119						309 Chelsa Terra		"Manual"	
5. 5	EX 6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			V 16 11 1 04 11	
1	Temale N	Negro	WIDO WED,	OLVORCED (specify)	11. 15	lost birthdoy		Yr. If Under 24 Hrs.	
			100 1010 05	BUSINESS OR INDUSTRY	14/24 /3	1965 15 mths			
	e during most of working life		IUR KIND OF	BOZINEZZ OK INDUZIKA	BIRTHPLACE	State or foreign country)	12. CITIZEN WHAT C	OF COUNTRY?	
120	FATHER'S NAME				C/EVE/	ZNd Ohio			
13.	TAIHERS NAME	17.			14. MOTHER'S MA	AIDEN NAME			
1	NaVid 1	Trons			ANETT	Q MappisoN	- 30	חמים	
(Yes	was DECEASED EVER	give wor or dote:	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO			Nond	ANATES	RND no 9309	App 1903	loun.	
	18.	4		CAUSE	OF DEATH	TINE / 2 JOU	LIN	TERVAL BETWEEN	
	DISEASE OF C	ONDITION DIE	ECTIV				01	SET AND DEATH	
	LEADIN	NG TO DEATH		(A) Mon	golism wi	th associated co	ngenital		
	(This does not mean heart failure, asthenia injury or complication	the mode of o, etc. It means	dying, e.g., the disease,	TO NEW YOR hea	art diseas	e and recurrent	respirato	``````````````````````````````````````	
	injury or complication	which coused d	(eoth.)	int	fection.		- 00 - 11 0 0	, -)	
		DENT CAUSES		4 Ph					
	DISEASES OR CON	DITIONS, IF AL	NY, GIVING	DUE TO		***************************************	***********************		
	UNDERLYING CON	DITION LAST.	A III C						
10				{C}		***************************************			
CATION	OTHER SIGNIFICANT	II CONDITIONS (CONTRIBUTION	ie.					
F	THE DEATH	BUT NOT REL	ATED TO TH	1E					
CERTIFIC	19A. DATE OF OPERAT			VHICH OPERATION	20A ALITOPSY2	(Yes or No) 20B. IF YES, WERE	FINDINGS	CIDEDE	
Ü	\wedge	WAS PERF	ORMED	THE STERMING	No.	IN CERTIFYING CA	AUSES OF DEATH	SIDERED 1?	
	21 A. EXTERNAL CAUSE		21B. P	LACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID (If in Boltimore City,	give exact locati	00)	
EDIC	UNDERLYING OR CON	NTRIB- EATH.	home,	form, foctory, street, of	ffice bldg., INJURY	OCCUR?	give exoci locoli	011)	
T .	21D TIME (Month)	(D-1) (V-1	(1)	C TALLUCK OGGUNA					
	OF INJURY (APPROX.)	(Doy) (Year)		E. INJURY OCCURRED		W DID INJURY OCCUR?			
			m. W	ORK NOT W	ORK				
	22. I certify that	I held on In	quiry 🗌	Inspection X Auto	opsy ond	that on this bosis, death in	my aninian		
		: Notural cau		ccident Suicide					
		1		oc.dom Joicide		DICAL EXAMINER	iner		
	ACTUAL	111	10 8	The land			D	ATE SIGNED	
	SIGNATURE	- Jan	and o	77100		DICAL EXAMINER S	eptember	5. 1966	
	EXAMINER'S NAME (Type)	Russell	S. Fish	ner, M.D.	ASSOCIATE ME	EDICAL EXAMINER		,	
23A	BURIAL CREMATION,	23B. DATE /	23C	NAME OF CEMETERY OF	CREMATORY	23D. LOCATION (C	ity, town, of county	y) (State)	
KEN	OVAL (Specify)	9/6/10	11 1	nt autrus	Man x	Balta	MI		
24A	DATE REC'D BY HEAL	PH DER	DER NAME	F REGISTRAR	DAC. FUNEDA	L DIRECTOR	ADDR	DESC.	
	OF THE RE	7 54	THE ITAME	Old on	91/0//2	All	AUDR	1 /	
	SEP 7	1966 (2)	1. } 9	Jet Britte	Millian	in juneral for	4 3/97/	SCMORAYS	
VS	151-REN 165					7	7 7 7 7	7,100	



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shows:

Was

VS 150-REV. 1/1/65

use of death (5) Deceased

cause

canse;

hospital

Such

death.

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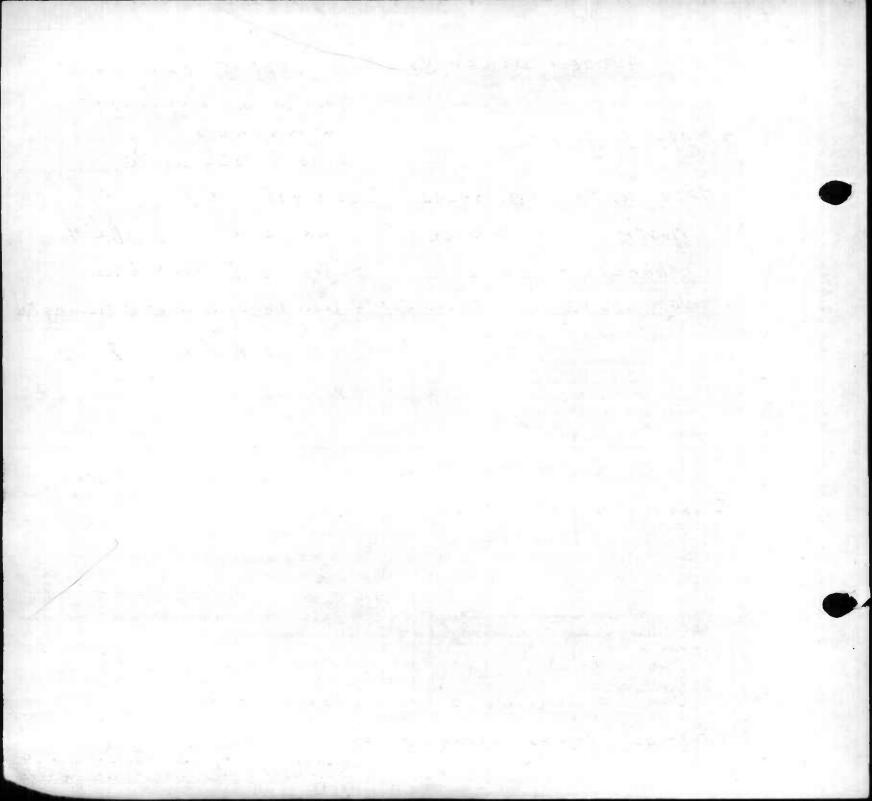
prior

uo

attendance

6 (a) Passing Billion 13 0 Md. 13 0 1+0. CT - romate 8 Cla To unA deral Prol 15 Mars 12 22-01 24 ASA SASTANA - I HORALAND Ladge Brown Brown ナルイン g 下州 · 発生に ingerind no Card as Arrist Congress we House for THE DE STREET STREET July 3 3 July

	10000	BALTIMORE CITY	HEALTH DEPARTMENT		2000
BIRTH NO. 66	09008	CERTIFICA	TE OF DEATH	Registered Na	66 09008
1. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print) ANT	DEL DIAL	EV Co	C	+ ciar	1 1 2
3. PLACE OF DEATH IN BAL	TIMORE, MARYLAND	-67,58.	4. USUAL RESIDENCE	here deceased lived. If ins	6 C P M
			A. STATE B. CO	- complex	
HOSPITAL OR oddre	ot in hospitot or institution, g ess or location)	give street	MARYLA C. CITY OR TOWN III	outside city limits, write RI	TIMORE
INSTITUTION				LAUN	A 2
MERCY	Hospital		D. STREET ADDRESS	(If rurol, give tocotion)	0/
1	, ,		2100 N	- Robbino	Rd
5. SEX 6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE Whi	1 1 · ·	ORCED	DEC. 1, 1908	The same of the sa	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Gi	ve kind of work 10B, KIND OF		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
Mark E.	TRA	and .	MARYLA		10 CA
13. FATHER'S NAME	7 1 W	NS/CR	14. MOTHER'S MAIDEN N		4-2-11
01 .	fx.	/		- 1/	()
15. Was Deceased Ever in U.	St. DAI	LEY	FLORENCI	E 1. 18651	40dEL
(Yes, no or unknown) (11 yes, giv	e wor or dotes of service)	1 6. SECURITY NO.	17. INFORMANT		ADDRESS
NO NO	NE	219-30-6527	AndREW DI	9. LEY JR 210	20 Al Polling R
1B. 14-20,1		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	IDITION DIRECTLY	No. of			
	TO DEATH	(A) VU Y	OCHARDIAL 1.	NEARLTION	b days.
heart foilure, asthenia, e	ne made af dying, e.g., Ic. II means the disease,	DUE TO			/
injury ar complication w	hich coused death.)	/	ISCUD.		7
ANTECEDE	NT CAUSES	DUE TO			***************************************
DISEASES OR CONDI	TIONS, if ony, giving				
UNDERLYING CONDITI	cause (A) stating the	(C)		0 0 4 diring vig g = 0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	1				
O OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CO	NOT RELATED TO THE	CHR. BRON	CHITIS, EMP	HYSEMH-	15 years.
19A. DATE OF OPERATION	198. CONDITION FOR W		20A. AUTÓPSY? (Yes or	No. 208. IF YES. WERE FIL	NDINGS CONSIDERED
TRACHEOTOM	WAS PERFORMED 1 13	REATHIUE.	YES	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBITING CA	IDERLYING 218.	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact tocotion)
DEATH (notify medical exc	omined NO etc.)	e, form, foctory, sinces, o	ince oldg., INJORI OCCOR:		
	Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
S OF INJURY	Whit	e At Not While	е		
	Worl			-	
	nis haspital) attended th	A	AUGUST 30	19 66 to 52	PT 5 1966
that (I) (we) last saw t	he deceased alive an	>E-07	5 19 6 6 and	that in(my) (aur) opini	on death accurred an the date
and haur and fram the	causes stated above. (1)	(We) (did) (did not)	iew the bady after death	1.	
23A. SIGNATURE		0			23 B. PATE SIGNED
James /	1. Dain la	M.D. Atte	ending Med. Director	Stoff Phys.	Sept 6. 1966
23C.PHYSICIAN'S	- Journay,	XZ	23D. ADDRESS	1.1.1	1,0,14
NAME (Type)	Duran	1 /D M.D.	MERIV	Hospon	
24A. BURIAL CREMATION, 24	B DATE 24C.NA	ME of CEMETERY of CR	MATORY	LOCATION (City	Towns or south 1
REMOVAL (Specify)	0011	- CENTERED OF CRI	240.	City,	, town, or county) (State)
DURIAL	7-7-66 L	ORRAINE	TARK	NOUGLAWN	Md
25A, DATE REC'D BY HEALTH	1000 0 0	F REGISTRAR	25C. FUNERAL DIRECT	Schwab	HUNZRAZ HOY
SEP 7	1966 (1)	C. A. Alkaberta	Kranis	1. Miller 210	· Frederick any
VS 150-REV. 1/1/65	1 7 1	000	0 0 0	0	



VS 151-REV. 1/1/65

		00000		BALTIMORE CITY HEA					32-61-51	
	BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFIC	CATE OF D	EATH Registe	red No2	S-OT-DT	
14	M.E. CASE NO.	CEASED				DATE AND	HOUR PRONOUNCE	ED DEAD		
	1. NAME OF DE	Ernes	on				30 P.M.			
	3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL	RESIDENCE (Where de			M. before admission	
- 11	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTON, GIVE STREET		Maryland R TOWN (If outside		Wic	comico	
	NOITUTITENI	University	of Marr	rland		Salisbury		72	-12	
겜		Baltimore.		W .	D. STREET	ADDRESS (If rural, g	ive location)		7 - 1	
)	Dar Chilore,	riary La.	na -		237 Ohio	Ave			
	5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr	If Under 24 Hrs.	
	M	W		arried	3	-31-31	35			
	IOA. USUAL OCC	CUPATION (Give kind of world			Y 11. BIRTHPL	ACE (State or foreign		12. CITIZEN O	F NILLITERY?	
		working life, even if retired)	Ro	ofing				ÜS		
	13. FATHER'S NA	ME			14. MOTHE	R'S MAIDEN NAME				
	Dewey	Smullen				Hattie Davis	S			
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM		0 33	ADDRESS		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		218-24-48	00	. Caroll				
	18. / /									
	DISEASE OR CONDITION DIRECTLY							ONS	ET AND DEATH	
	LEADING TO DEATH Metastatic melanoma to brain							6 months		
	heart foilur	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)								
	injury of co	omplication which coused	deoth.)							
		ANTECENDENT CAUSES Melanoma of posterior chest							5 years	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							10000000000000000000000000000000000000		
		UNDERLYING CONDITION LAST.								
	<u> </u>									
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
	E DISEASE	OR CONDITION CAUSING		ME						
	7-19	-66 Brai	formed n tumor	HICH OPERATION	Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in B home, form, foctory, street, office bidg., INJURY OCCUR? etc.) Building Salisbury						in Boltimore City, giv	ve exact location	1)	
	ш	USE OF DEATH.	etc.)	Building		Salisbur	y, Md.			
	21D TIME OF INJURY	(Month) (Day) (Year	r) (Hour) 2	1 E. INJURY OCCURRED	2	IF. HOW DID INJUR				
	(APPROX.)	10-31-61	m. V	WHILE AT AT V	WHILE	Contused b	lack mole o	of back a	at work.	
	22. I certify that I held an Inquiry Inspection Autopsy and that an this bosis, death in my apinion									
	resu	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner								
		· E 1	. //		CHI	EF MEDICAL EXA	MINER .	D.	ATE SIGNED	
	SIGNA		1/2	MI	ASSISTAL	NT MEDICAL EXA	MINER		NI E SIONED	
	EXAML	MER'S Earl L.	Royer,	M.D.	ASSOCIA	TE MEDICAL EXA	MINER	8-30-6	56	
	NAME 23A. BURIAL CR			C. NAME OF CIMETER	Md	RY 23D. LO	CATION (C'	town as asset	18440	
	REMOVAL (Speci	fy)						town, or county		
	Buria			icomico Men			isbury, T	Wicomic	o, Md.	
		SEP 7 1966		OF REGISTRAR		UNERAL DIRECTOR		ADDRI	ESS	
	K, LIES	SEP 7 1966	96860	E. Ja Con MA	Но	llowy & C	ompany,	Salisbu	ry, Md.	

. . The sea State was the annual of Back to the state of the where the secretary and the secretary and the secretary then it she to whit short became to м м THE TOTAL OF THE SECOND STATE OF THE SECOND ST

23C. NAME of CEMETERY of CREMATORY

248, NAME OF REGISTRAR

ACTUAL

REMOVAL (Specily)

VS 151-REV, 1/1/65

SIGNATURE.

NAME (Type)

23A. BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

EXAMINER'S Russell S. Fisher, M.D.

23B. DATE

CHIEF MEDICAL EXAMINER X

23D. LOCATION

ASSOCIATE MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

DATE SIGNED

(Stote)

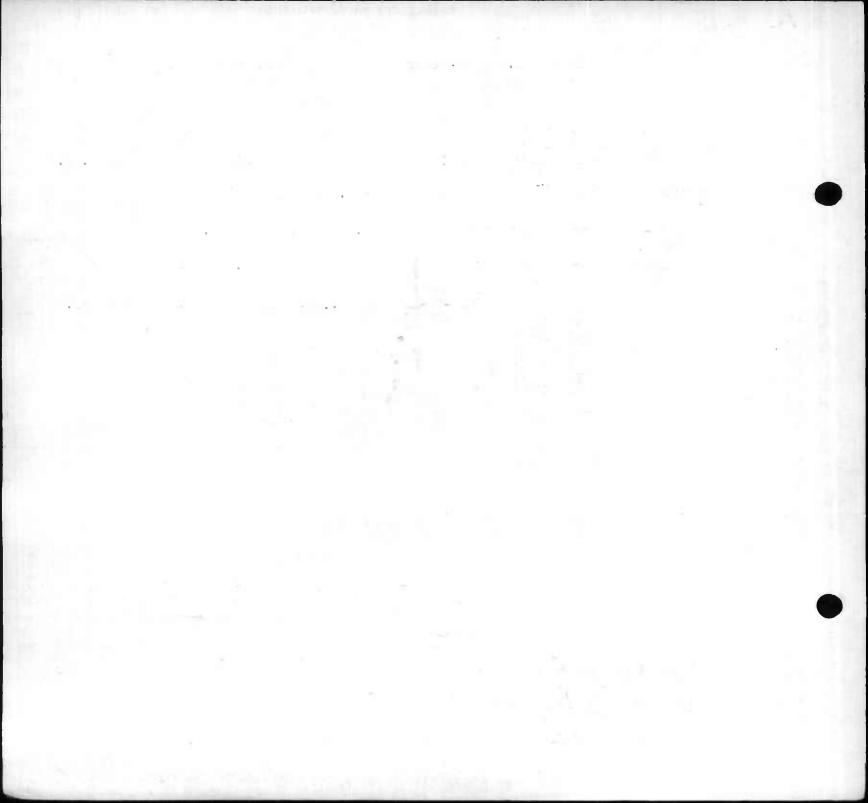
ma

September 5, 1966

(City, town, or county)

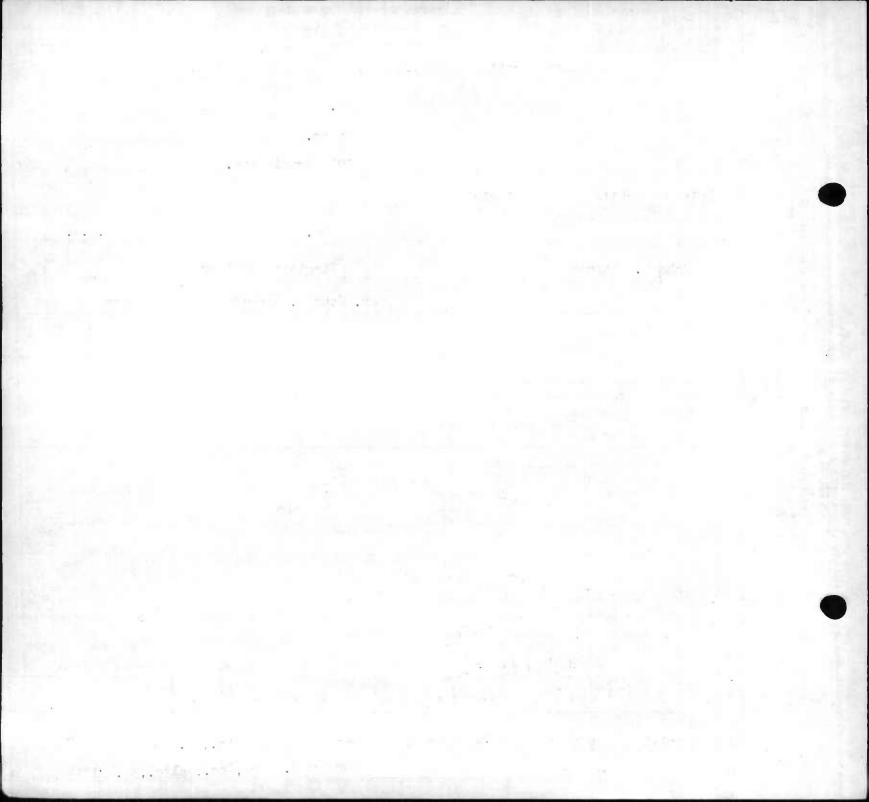
1461-91-1 marriado Baltimer, Md Stock Click Elener true helet he decks on Marry Tocker 1938 McKer Burns 48-66 mt Liter Betting

	00 0001		BALTIMORE CITY	HEALTH DEPARTMEN	NT .	66 09011
BIRT	H NO. 66 09011		CERTIFICA	TE OF DEAT	H Registered N	0. 00011
	AME OF DECEASED				TE AND HOUR OF DEA	TH _ 3n
Тур	e or Print) Clara	A. M	cCusker		September 5,	1966 Z - P.
. P	PLACE OF DEATH IN BALTIMORE, MARYL	AND			(Where deceased lived. I	f institution: residence before admissio
	IIII MAAAE OE (If not in hospital or i	netitution and	thoat	Maryland	0001111	
FULL NAME OF oddress or location) No STITUTION 808 Saint Paul Street Baltimore, Maryland 21202				(If outside city limits, wi	te RURAL and give township)	
			Baltimore		1-6	
			D. STREET ADDRESS	(If rural, give location)		
			808 Sain	t Paul Street	Midtown N. H.	
5. S	Female 6. RACE 7.		er MARRIED PORCED (specify) Married	Jan. 6, 1883	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10)	B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired Retired - Secretary Armstrong Linoleum						
13. FATHER'S NAME		14. MOTHER'S MAIDER				
	Louis McCusker	r		Mary	A. ?	
15. \	Was Deceased Ever in U. S. Armed Forces s,no or unknown) (If yes, give wor or dates o		SOCIAL	17. INFORMANT		ADDRESS
			SECURITY NO.	Man Tod Co	יון בא לסט די	Cominger Asse
IV.	None None	2.	CAUSE 0		TITELL DOD E.	Seminary Ave.
	18. 422.	71.0	CAUSE	T DEATH	The second second	ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	ILY	Co	di Un.	1 1	- 0.
	(This daes not mean the mode of dy	DUE TO	acolo y las	perally)account	
heart failure, osthenia, etc. It means the diseose,				rema		
injuly at camplication which caused death.)				ut. C.	S. H)	
DUE TO		- Q12	Lungler			
	DISEASES OR CONDITIONS, if ony rise to the above couse (A) st		(6)	10 03	A.	
	UNDERLYING CONDITION lost.	anny me	101			
	- 11					
N O	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
RTIFIC	19A. DATE OF OPERATION 19B. CONDIT	ION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ш	21A ACCIDENT WAS UNDESCRIPTION	010 81	OF OF INCOME.		00.1. 0.12	City and the City
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)			n or about 21 C. WHERE I ffice bldg., INJURY OCC		nore City, give exact lacation)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
٤	(APPROX)	While A	Not Whi			6.
	22. I certify that (I) (this haspital) a		124		1064	Sent to 10 lot
			13	- 13/1/	1 . l	
	that (I) (we) last saw the deceased	alive an	and ?	19((nd that in (my)	opinian death occurred an the
	and haur and fram the causes stated	abave. (I) (\\	c) (ded) (did nat)	view the bady after d	eath.	
	23A. SIGNATURE					23B, DATE SIGNED
	I williage the	LUXE	N.D. A.	ending Med. Director	Stoff Phys.	7/6/66
	23C. PHYSICIAN'S NAME (Type)	6	1	23D. ADDRESS),,,,,,	12 N
	(1) (Dos 1) How	10/0/1	Ø M.D.	5500 1	16 Hom	らか
24A	BURIAL CREMATION, 24B. DATE	24C. NAME	ON CEMETERY OF CR	EMATORY	4D. LOCATION	(City, town, or county) (State
	Burial 9/7/1960	5 Nor	Cathedral			
25 /		B. NAME OF RE		25C. FUNERAL DIR	Baltimore,	Maryland
234	A A	INAME OF RE	40. 10.00	7.1.17	10	Butto, mg.
1.12	SEP 7 1986 (1	7 58	5 Talberto	WM.1. 14	enner to	no porth of al
٧S	150-REV. 1/1/65	~ 7 0	C3 64 1	H W U	()	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

16-19724 BALTIMORE	CITY HEALTH DEPARTMENT
BIRTH NO. 66 09012 CERTIFIC	CATE OF DEATH Registered No. 66 09012
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	pman 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAte and give township) Balto D. STREET ADDRESS (If rurel, give location)
112KCY HOSPITAL	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months; Doys Hours Min. 9. 3
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHERS NAME	Md. U.S.A.
John N. Chapman 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Virginia Riddicord 17. INFORMANT ADDRESS
(Yes,no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Mr. John N. Chapman Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	duonory Hemorrhoge. Interval between onset and DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 190. Date of Operation 198. Condition for Which Operation Was Performed	20A. AUFDPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 B. PLACE OF INJURY (e.	.g., in or obout 21C. WHERE DID (It in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, (orm, foctory, stree etc.)	t, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased fram	9-3 1966 to 9-6 1966 6 19 66 and that in (my) (our) opinion death occurred on the do
23A. SIGNATURE My Shelton M.D. 23C. PHYSICIAN'S A	Attending Med. Director Phys. ADDRESS
Perry S. Shelton N	Mercy Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 9/7/66 Holy Redeemer 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Balto, Md.
SEP 7- 1956 P. P. B. E. Fallowell	Tana 1 Tana
VS 150-REV. 1/1/65	109011



25A. DATE REC'O SYMBALTH DEPT

VS 150-REV. 1/1/65

Such

death.

attendance cause

of death

a hospital

		Y HEALTH DEPARTMENT	2 00040		
4	BIRTH NO. 66 09013 CERTIFICA	TE OF DEATH Registered No	0 09013		
	M.E. CASE NO.				
	(Type or Print) Annie Liedlich	Sept. 5, 196	6 _M .		
2	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or locotion) 4226 Seidel Ave.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY A. C. CITY OR TOWN (If outside city limits write RURAL and give township) Balto. D. STREET ADDRESS (If rural, give location) 4226 Seidel Ave.			
	5. SEX Female White 7. MARRIED, NEVER MARRIED WIDGWED, DIVORCED (specify) Wildow	7-19-1887 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	done during most of working lite, even if retired)	11. BIRTHPLACE (State or foreign country) Balto., Md.	12. CITIZEN OF WHAT, COUNTRY?		
)	13. FATHER'S NAME	Pauline Craft			
	Clarence Noel				
	15. Was Oeceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Mrs Margaret Bowers 42	26 Seidel Ave		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	Gronay Eusterne -	INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	ed to Cardon "	10-6-61		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				

CERTIFIC 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from lost sow the deceased alive ond that in(my) (our) opinion death occurred on the date toted above. (1) (We) (did) (did not) view the body ofter death. 23 B. DATE SIGNED Attending Phys. Stoff Phys. Med. Director M.D. 23C. PHYSICIAN'S NAME (Type) MICHAEL J. GROSSFELD, 5402 Belair Road MICHAEL J. GROSSFELD, M.D. ADD 5402 Belair Road, D. Baltimore, Md. 21206 ADDRESS Baltimore, Md. 21206 9/5/66 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (Stote) land Mem. Park

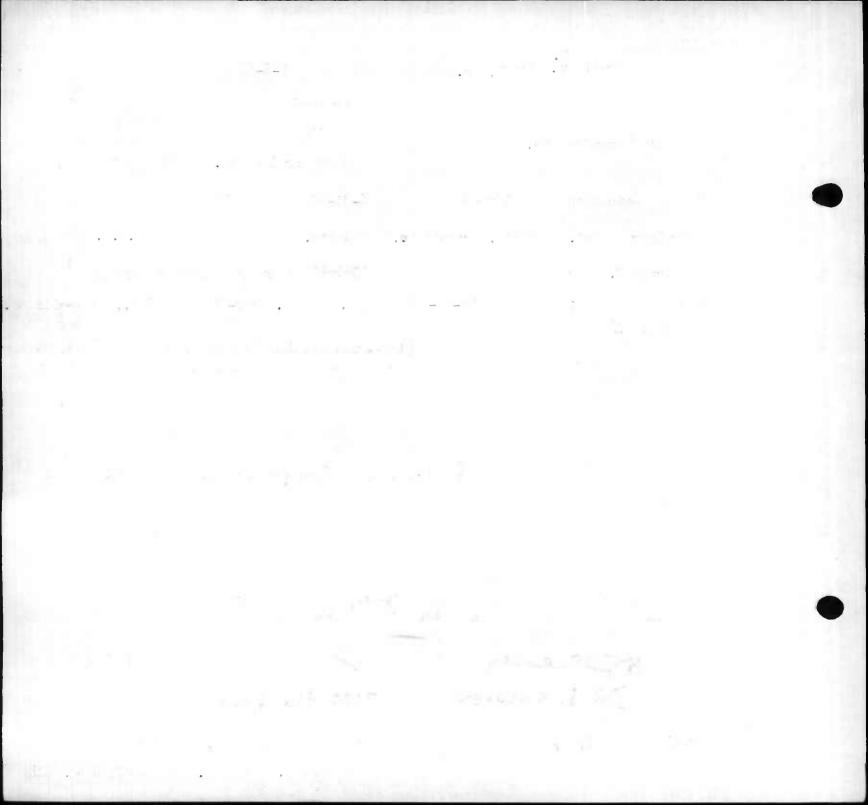
25C. FUNERAL DIRECTOR

Ruck, Inc., Balto., Md.

25B. NAME OF REGISTRAR

Aller and the second

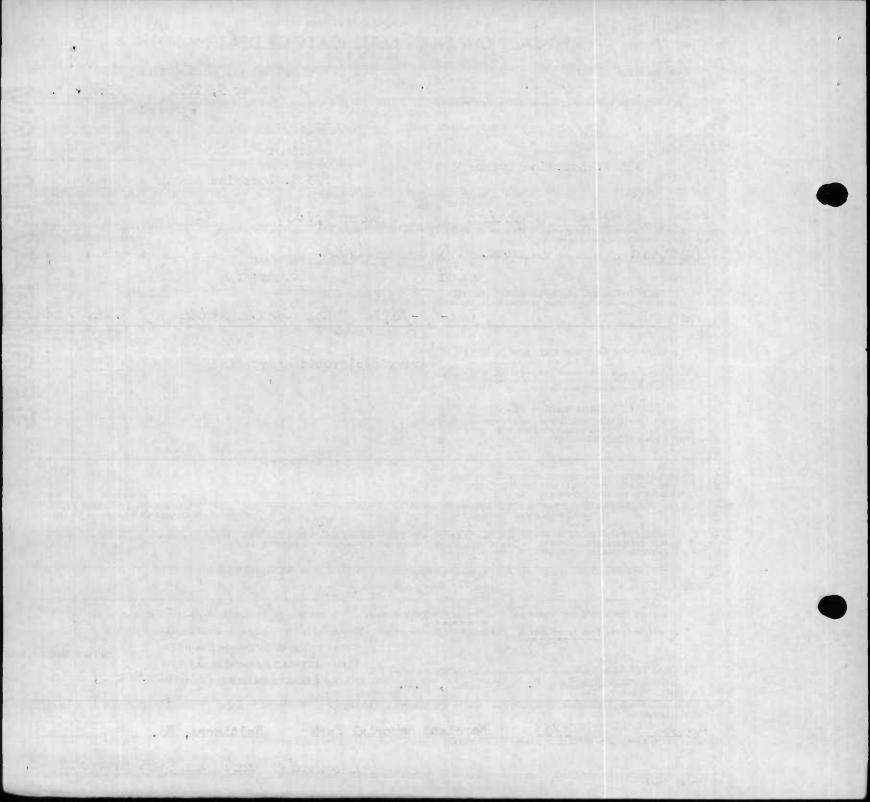
	BALTIMORE C	CITY HEALTH DEPARTMENT
		CATE OF DEATH Registered No. 66 (1911)14
1.6	AME OF DECEASED or Pont)	2. DATE AND HOUR OF DEATH
	Frank Tx Pahr Sr.	9-6-66 M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
11	FULL NAME OF (If not in hospital ar institution, give street AOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
17	2919 Harview Ave.	Baltimore D. STREET ADDRESS (If rural, give location)
		2919 Harview Ave.
S.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
107	M Caucasian Widowed USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUS	8_31_92 74 STRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
	e during most al working life, even if retired)	WHAT COUNTRY?
5	upervisor Ret. Balto. Transit Co.	Balto. U.S.A.
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Frank C. Pahr	XDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na arunknawn) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes WW1 213-05-9812	
	ナベリュリ	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rherioscleratie Man Doscon 124x +
	tinis ages har mean the made at dying, e.g.,	
	heart foilure, osthenio, etc. It means the disease, injury ar complication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if ony, giving	
	rise In the obove cause (A) stating the (C) UNDERLYING CONDITION lost.	
	II	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	oury Supply leur 12 yr +
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CAL CE	2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. hame, form, factory, stree etc.)	.g., in ar about 21C. WHERE DID ((If in Baltimare City, give exact lacotion)
EDIC	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	While At Not '	While Vark
	22. I certify that (I) (this hospital) ottended the deceased from	July 1954 to 9, 6, 1966
	that (1) (wa) lost sow the deceased alive an 8, 29	19.66 and that in(my) (our) opinion death occurred an the date
	and hour and from the couses stated obove. (1) (We) (did) (did no	view the bady ofter death.
	23A. SIGNATURE	23B, DATE SIGNED
	M.D.	Attendin Med. Staff Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type) DR J, SILLOVEN N	23D. ADDRESS 1.D. 7122 Hartons RI Bech 24, hal
24.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)
1	REMOVAL (Specify) Burial 5/ 9/9/66 Loudon Park Cen	metery Baltimore, Maryland
	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	0 60 7 0 4	Leonard J. Ruck Inc. 5305 Harford Rd. #14
VS	150-REV. 1/1/65 P 7 1966 (Jeel E)	



V\$ 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) CHARLES E. SMITH SR. 5:28. A. M. September 5, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rural, give location) 305 E. Lorraine Avenue 305 E. Lorraine Avenue 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED Months, Doys, Hours, WIDO WED. DIVORCED (specify) lost birthdoy Min Male White 82 . 1884 Married 10A USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired
13. FATHER'S NAME Penna.

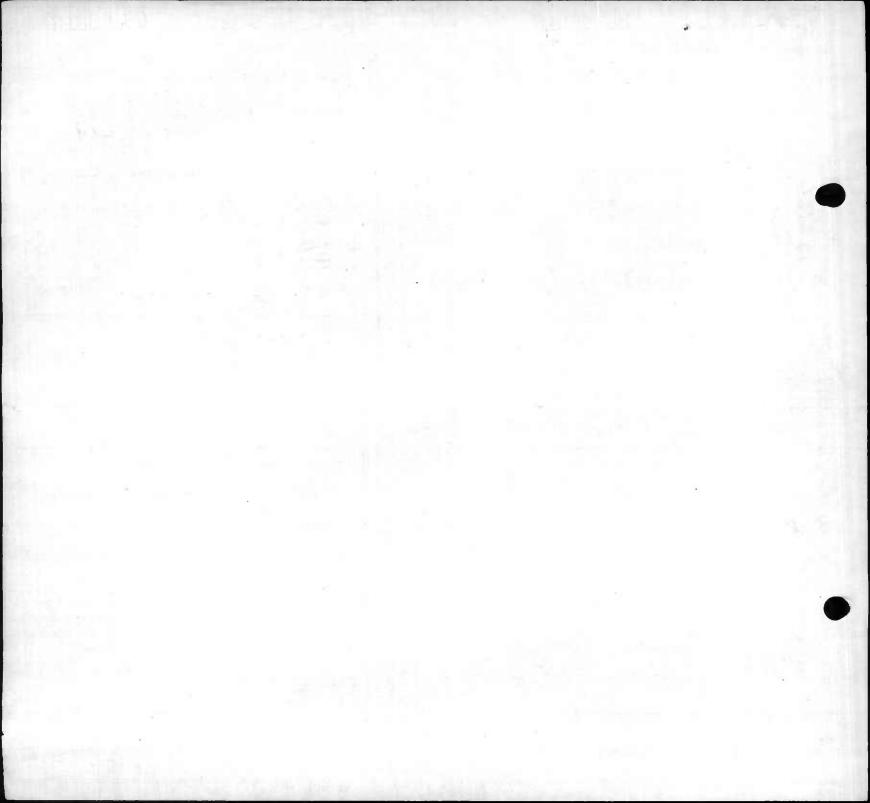
4. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) Mrs Murtle Smith 305 E. Lorraine No -07-1B. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., NJURY OCCUR? EDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. E 21D TIME (Month) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT (APPROX.) NOT WHILE 22. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death In my apinion Accident resulted fram: Natural causes X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE September 5, 1966 Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) 23A, BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (State) (City, town, or county) REMOVAL (Specify) 18/66 Moreland Memorial Park Baltimore, Md. 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Leonard & Ruck Inc 5305 Harford Rd.



1	00 00010	BALTIMORE CITY	HEALTH DEPARTMENT	THE MILES	00 00016		
	18TH NO. 66 09016	CERTIFICA	TE OF DEATH	Registered Na.	66 09016		
1	A.E. CASE NO. NAME OF DECEASED Type or Print)	-	2. DATE AN	D HOUR OF DEATH	0 1.		
	PLACE OF DEATH IN BALTIMORE MARYLAND	ene	E. 9/6	decored lived If in a	19:0 SAM M. itution: residence before admission)		
	TEACE OF DEATH IN BACHMORE MARIENTO		A. STATE B. COUN	TY	Trotton: residence before bamission)		
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or tocotion)	street	C. CITY OR TOWN (If out	side city limits, write RL	IRAL and give township)		
	3 JOHNS HOP				7-01		
	5 10/7	×/~	3804 M	oral, give location)	Ave		
		DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?		
1	Tribetto NE CLERK	elephone C	o. Baltimore		USA		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
	HARRY PHEB	45	JOZ WIA	•			
111	5. Was Deceased Ever in U. 'S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	George E. Sch	mitt, hysh	and, above		
5	18. / 7 × I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a BREAS		ONSE! AND DEATH		
	(This does not mean the made of dying, e.g.,	DUE TO	a OREAS	L	3 973		
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	(B) DUE TO	·				
3	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			3 3		
	UNDERLYING CONDITION last.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NO					
	198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	E	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Bottimore	City, give exact location)		
	DEATH (notify medical examiner) etc.)	form, foctory, street, off	ice bldg., INJURY OCCUR?				
	OF INJURY OF INJURY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.) While work	At Work Not While					
	22. I certify that (1) (this hospital) attended the deceased fram 8/29/66 1966 to 9/6						
	that (I) (we) last saw the deceased alive an	9/6	19 66 and th	at in(my) (aur) apin	an death occurred an the date		
	and haur and fram the causes stated above. (1)	(did) (did nat) vi	iew the bady after death.				
	23A. SIGNATURE	M.D. After	nding Med.	Stoff	238. DATE SIGNED		
	23C. PHYSICIAN'S	Phys 2	Director	Phys.	1/6/66		
	NAME (Type)	10 / M.D.	550 N. C	PROPONI	24 BAITSM		
2	AA. BURIAL CREMATION, 24B. DATE 24C, NAMI	E of CEMETERY of CRE		OCATION (City	, lown, or county) (State)		
2	Burial 9/10/66 Hol	y Redeemer	Cem. Ba	altimore, M	ld.		
	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF F	REGISTRAR	Schimunek F	Juneral Hor	ADDRESS		
	CED 7 1055 A D B- S	J Stranger MAN	3331 Brel	ims Lane	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

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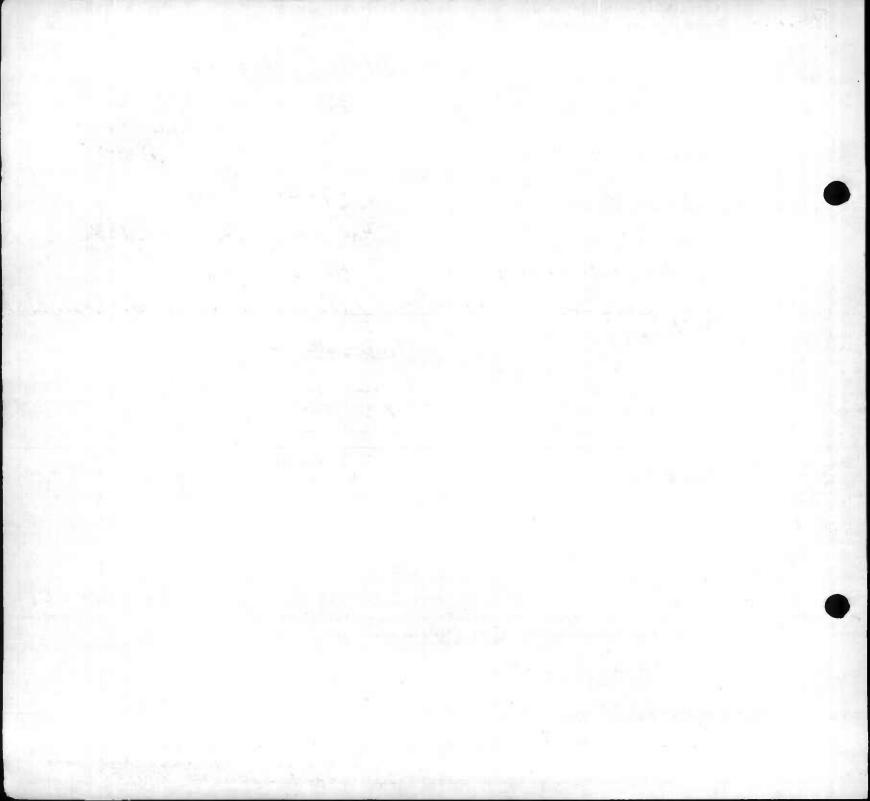


FUNERAL DIRECTOR: IMPORTANT	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death those contributing cause of death those contributing cause (5) Body human (1) An arrident of any pagings (2) Rody human (3) A fracture of any kind. (4) Independing cause (5) Deceased	Math dath
west D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	460

	66 09017	BALTIMORE CITY	HEALTH DEPARTMENT	00	0000189
BIRTH NO. M.E. CASE NO.	60 03017	CERTIFICA	TE OF DEATH	Registered No. 66	119111/08
1. NAME OF DEC	MITIER D	Dehno/ Jos	eph 2. DATE AN	3 (a	5/
3. PLACE OF DEA	TH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If institution	
FULL NAME OF HOSPITAL OR	F (If not in hospital or institu address or lacation)	tion, give street	C. CITY OR TOWN (II outs	side city limits, write RURA	and give township)
4 B	Becoup's		D. STREET ADDRESS (If r	urol, give Jocation	1-02-
			618 M	Glover 3	Street
5. SEX		OWED, DIVORCED (specify)	B. DATE OF BIRTH 3 -/8-08	AGE (In years of Mar 1st birthday) Mar	Under 1 Yr. If Under 24 Hr
	JPATION (Give kind at work 10B, KIN working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?
Bra	cer / h	#/ CAN CO	SALEO.	Md.	USH.
13. FATHER'S NAM	AE .		14. MOTHER'S MAIDEN NAM		
1	show Mille	P		ES Nowich	
15, Was Deceased (Yes, no or unknown	Ever in U. S. Armed Forces?	vicel SECURITY NO.	17. INFORMANT		ADDRESS
no		217-01-9263	Gertrude Bes	sling Miller	, wife, above
1B. 180	X	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIRECTLY	ΔηΤο	RIOSCIEROTIC HE Ugestive Hear	NAT DISONSP	Mouths
	at mean the made of dying,	e.g., DUE TO	KIUSCIERUJIE NO	THE DISCHALL	14001117
	asthenia, etc. It means the dis aplication which caused death.)	ease,	1/200	J. Fal. 00	no and A
	ANTECEDENT CAUSES	(B) (D)	ugestive MEAK	PHILURE	MONTHS
	OR CONDITIONS, if any,	living 11v1	PERNEPHROMA	a-lort Kilya	
	e abave cause (A) slaling 3 CONDITION last.	the (CI MY)	CRNETALONA	OF LEFT NOWLY	
	II.				
OTHER SIGNI	FICANT CONDITIONS CONTRIB	UTING O THE			
DISEASE OR	CONDITION CAUSING IT.	FOR WHICH OPERATION	120A AUTOPSY2 (Yes or No.	208 IE VES WERE EINDI	NGS CONSIDERED
19A. DATE OF	WAS PERFORMED		Yes	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	n of about 21C. WHERE DID lince bidg., INJURY OCCUR?	(II in Boltimore City,	, give exact location!
21D. TIME OF INJURY	(Month) (Doyl (Year) (Hourl		21F. HOW DID INJU	JRY OCCUR?	
(APPROXI		While At Work Not While At Work	e 🗌		
22. 1 certify	that (1) (this hospital) atten	ded the deceased from 8	-23-661	96610 9-	3 1966
that (I) (we)	lost sow the deceased alive	on 9-30:	5pm, 19 6 6 ond the	ot in(my) (out) opinion	death accurred on the de
and hour one	from the couses stated abo	ve. (1) (We) (did) (did not)	riew the body ofter death.		
23A. SIGNATU	TRE / / /	2			DATE SIGNED
Ulg	usm del C	Ampo, Phy		Staff Phys.	1-3-61
23 C. PHYSPOIA NAME (T	N'S ypel	M.D.	BON Secon	urs Hospita	4/
	MATION, 248. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, to	wn, or countyl (State)
Buria	9/7/66	Loudon Park Ce	emetery Ba	ltimore, Md.	
25A. DATE REC'D	BY HEALTH DEPT. 258. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	uporal Homo	ADDRESS
SE	P 7 1966 (1.0.	b En Salbayera	2601 E.	uneral Home Madison St.	, LIIC.
VS 150-REV. 1/1/	65	7 0 0 0	11 7 0 1	/	

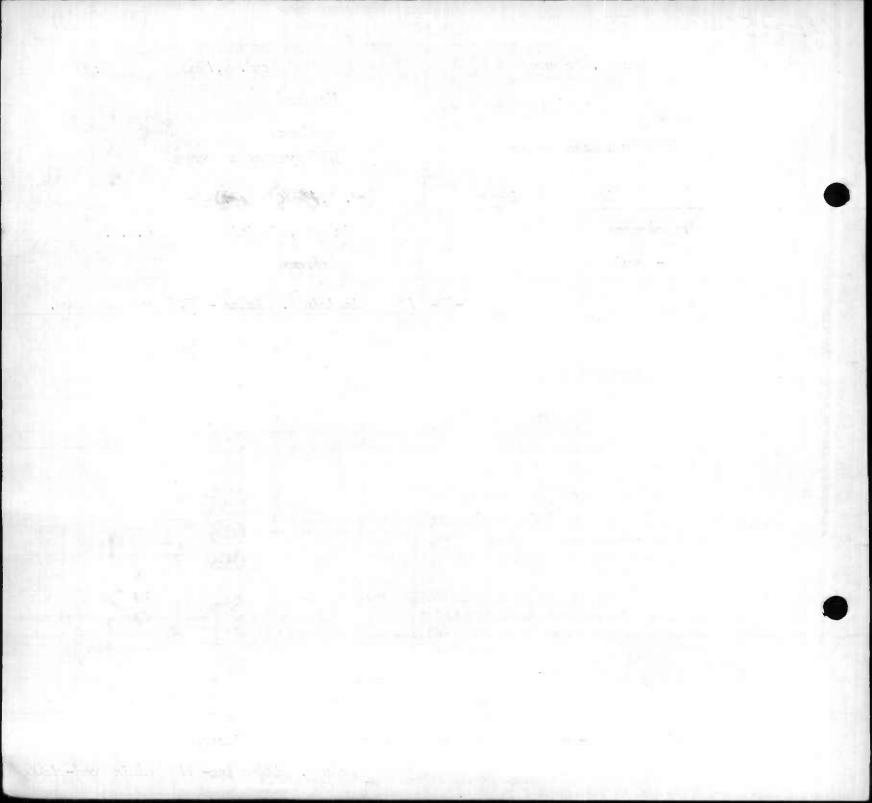
61821 Glores Ste 3 18 - 81 58 mc Do 12 18 - 88 1 58 John Willey FRANCES agustin let amps.

	BALTIMORE CITY	HEALTH DEPARTMENT	4	00 00040
BIRTH NO. 66 09018	CERTIFICA	TE OF DEATH	Registered No	66 09018
I. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
(Type or Print) RESIDE, HONTA	PARK)	N 9-	3-66	9 45 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	t	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in:	stitution: residence belare admission)
FULL NAME OF (If not in hospital or institution	n, give street	BACTIMO	RE - 2	1205 MARYLAN
HOSPITAL OR address or facation) INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write R	URAL and give tawnship)
7		2433 8	MADISO	DN 5/
UNIVERSITY Hosp.		D. STREET ADDRESS (If r	ural, give lacation)	7-02
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
m W	VED, DIVORCED (specify)	17-7-21	ast birthday)	Avianias Days Maurs 144in.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12, CITIZEN OF
dane during mast of working tife, even il retired)	WISTER	N . I	0.	WHAT COUNTRY?
	~13/2/~	HARRISGYRG	IA.	USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
John ROOK DESIG	= 50	A1 1	MYERS.	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	14 = 63.	ADDRESS
Yes, na ar unknawn) (If yes, give war ar dates af servic		0	0	-
YES, WWILL	171-20-8466	Kulh EILEU	N KESI dE	: 2433 EMAdisen S
18. 4/20./ I	CAUSE C	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	n	malaga	1	3 1 1 5
LEADING TO DEATH	(A) /7C	UTE MYOCAR	alar INI-1	ection 3 WICS
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	3.,			
injury or complication which caused death.)	Con so -	Jan 1 antical	501 5000	
ANTECEDENT CAUSES	(B)	LOCCUSION.	- C CE/C032	
DISEASES OR CONDITIONS, if ony, give	DUE TO	CCCLUSION.		
rise to the obove couse (A) stating				
UNDERLYING CONDITION lost.				
II .	ma 1 1 10	- H1000 TK	18 may the	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING WALL GARA	1 10/1- 2/2120	1/12	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE NECROTIZ	IN G GRILRIO	11515,4/63	
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)	20B. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street, a	ffice bldg., INJURY OCCUR?	111 111 201111016	ony, give exact tocalians
U	etc.)			
M OF INTITION	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX)	White At Not Whi Wark At Wark			
20 1 1/2/12/12 1 1/2/12		11/10/12	9	13
22. I certify that (1) (this hospital) attende	d the deceased from		9ta	/319
that (1) (we) lost saw the deceased alive a	n	19 6 ond the	it in(my) (our) opin	nian death accurred on the dote
and haur and fram the causes stated above	(I) (We) (did) (did not)	view the body ofter death.		
23A SIGNATURE				23 B, DATE SIGNED
train X/Sor			Stoff	
23C WHYSICIANES	Phy		Phys.	
23 C. PHYSICIAN'S NAME (Type)	12	23D. ADDRESS	, , , , , ,	
FRANCIS 1.	DORGES M.D.	UNIVERSIT	1 1405F	11176
24A. BURIAL CREMATION, 24B. DATE V24C	NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	y, tawn, ar caunty) (State)
RELATION AND COPECITY G-/-//	1.1 E . A.	1/	1'6	
DURIAL 25A, DATE REC'D BY HEALTH DEPT. 25B, NAM	E OF REGISTRAR	M HA	LITAX /	ADDRESS
250, NAN	W REGISTRAR	SCHIMENAL DIRECTOR	K FYNERA	
CED 7 1000 0 0 4	Q Ja a. 11.	33316	CEMN75	MANE.
VS 150-REV. 19146 8 1000 0 0000	C. C. V.	000000		



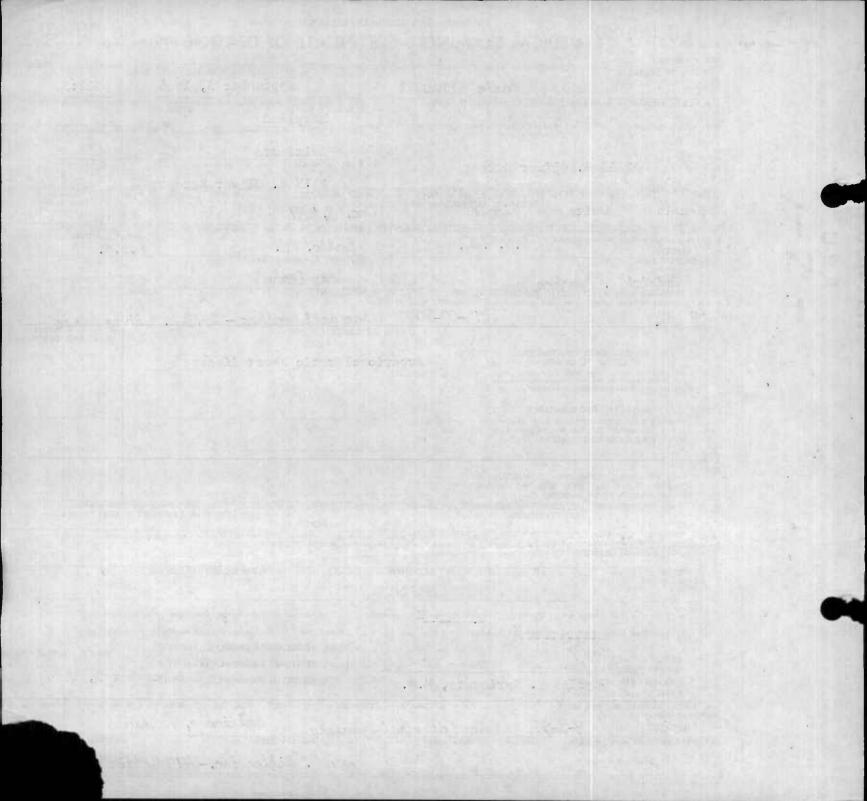
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	00 0004		HEALTH DEPARTMENT		CC 00010	
BIRTH NO.	66 0901	9 CERTIFICA	TE OF DEATH	Registered Na.	66 09019	
M.E. CASE NO				D HOUR OF DEATH		
1, NAME OF D (Type or Print)						
	Mary L. McHer DEATH IN BALTIMORE, MA	nry	Sep	st. 4,1966	nstitution: residence before admission	
. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	A. STATE 8. COUN	e deceased lived. If i	nstitution: residence before admission	
			Mryland			
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocation)						
INSTITUTION	1	•••	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) Baltimore			
D						
370	05 Evergreen Av	venue.		urol, give location)		
-1	20 9		3705 Evergr	een Avenue		
, SEX	6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs	
JLX ,	****	WIDOWED, DIVORCED (specify)		ost birthdoy	Months Doys Hours Min,	
emale	White	Widowed	Oct. 9, 1888	- 77		
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn commy)	12. CITIZEN OF	
	of working life, even if retired)		0.1 111.		WHAT COUNTRY?	
House	ekeeper		Richmond, Virg	inia	U.S.A.	
FATHER'S	IAME		14. MOTHER'S MAIDEN NAM			
	- Davis		Unknown			
	LIVITIUS					
. Was Deceo	sed Ever in U. S. Armed For	rces? es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	whill yes, give wor or dole	220-12-7812	Minsinin / F:	.4 2701	- C 1	
110		220-12-7012	Vinginia L. Fi	sner - 3/05	Evergreen Ave.	
1B.	23/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISI	EASE OR CONDITION DI	RECTLY				
	LEADING TO DEATH	in City	Teriscleratio 6	sordiovar -	- 10 years	
(This dae:	s nat mean the made of	dying, e.g., DUE TO	Terisclerotico C ear desco- Magneardial		10 years	
	re, asthenia, etc. II means	the disease,	ear eccent	1	- A	
injury or o	complication which caused	l death.)	Mor on order	10 days		
	ANTECEDENT CAUSES	(B)	Trady's co	V		
DISEASES	OR COMPUTIONS IS	DUE 10	0			
	OR CONDITIONS, if the obave couse (A)					
	ING CONDITION lost.	siding the			······································	
-	II.					
	ONIFICANT CONDITIONS CONTROL					
DISEASE	OR CONDITION CAUSING	it				
19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
	WAS PER	RFORMED	no	IN CERTIFIING CA	COSES OF DEATH:	
21A. ACCI	DENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)	
OR CONTE	RIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?			
DEATH (no	olify medical examiner)	etc.)				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?		
S OL HAZOKI		White At Not Whil	. —			
(APPROX)		Work At Work				
22 1	:	1) attended the deceased fram	march 2	95/10/	dent # 1066	
ZZ. I Cert	ity that (I) (this hospita	I) attended the deceased tram	77	7		
that (I) (ve) last saw the decease	ed alive an AMA	19 <u>6</u> and the	at In(my) (our) ap	inian death occurred an the do	
and hour	and from the causes sta	ited abave. (1) (We) (did) (did-not)	Jawaha hadu aftas daath			
	and the same of th	1100 000 vo. (1) (110) (010) (010-1101) 1	Tow the body offer death.		DATE SIGNED	
23A. SIGN	NO RE				23 B. DATE SIGNED	
	-TREEze	M.D. Atte	s. Med. Director	Stoff Phys.	9/6/66	
23C PHYCI	CLANES		23D. ADDRESS	,		
23C. PHYSI NAM	Eype		1017 125	to d Nd 1	2 1	
	DOF F.T. A	1229/ M.D.	6211174	V	salling Nr	
A. BURIAL C	REMATION, 248, DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. 14	OCATION (C	City, town, or county) (Stote)	
REMOVA	L (Specify)		2.50		, , , , , , , , , , , , , , , , , , , ,	
Burio	u 9-7-66	Parkwood (eme:	teru Ba	ltimore, MAn	uland	
SA. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS	
		DO FR Faloura		T Chi	B-1=:- P 1 2/20	
	CED 7 1966	113 Day J. E. Markey	John (. Juli	er Inc-0415	Belair Road-21206	
/\$ 150-REV. 1	/1/85-1	1 7 0 0 0	7 7 7 6			



M-260 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 (19020)

M.E. CASE NO.									
1. NAME OF DECEASED					2. DATE A	ND HOUR PRONOUNC	CED DEAD		
(Type or Print)	ANNA	Marie	MEAGHER		Sept	ember 5, 196	66	12:50	A
3. PLACE IN BALTIMORE, MA	RYLAND, WHER	E PRONOUNC	ED DEAD	4. USUAL	RESIDENCE (Whe	re deceased lived. If in:	titution: reside	nce before admi:	sion)
				A. STATE	Maryland	B. CO	ONII		
HOSPITAL OR ADDRE	SS OR LOCATIO	OR INSTITUTION)	ON, GIVE STREET	C. CITY	R TOWN (If outs	ide carparate limits, w	te RURAL and	give township)	
INSTITUTION					Baltimor		Jan (A A	
0 2/13	E. Olive	r Ctros	4-	D. STREET	ADDRESS (If rur				
2413	E. OIIVE	r pries	: L						
5. SEX 6. RACE	7	AAADDIED NE	VER MARRIED	8. DATE C		Oliver Stree		Yr. If Under 24	Hrs
	nite wi	DOWED, DW	ORCED(specify)		3,1891	lost birthdoy)		oys Hours A	
10A, USUAL OCCUPATION (Gi	ve kind of work 10E	0			LACE (State or for	eign country)	12. CITIZEN	OF	_
dane during most of working life, e		U.S.F. 8			lto. Md.		WHAT	COUNTRY?	
13. FATHER'S NAME		0.5.1.0	7.		ER'S MAIDEN NA	AAE	u.s.	A.	
				1					
Patrick J. 15. WAS DECEASED EVER IN	Meagher				ary Leahy				
15. WAS DECEASED EVER IN (Yes, no ar unknown) (If yes, give	U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INFOR	AANT		ADDRESS		
No		2/	5-07-2005	Marina	and Man	1. 21120	01.	C	
118.		41	CALLS	E OF DEA	aret Meag	ner - 2413 C	· Ulive	NTERVAL BETW	EFN
4200	1		CAUS	E OI DEA				DISET AND DE	ATH
DISEASE OR COM	NOTION DIRECTO DEATH	TLY	Anto	riocole	matia haa	mt diaman			
		ina. e.a.	(A) ALLE	LIOSCIE	TOLIC Hea	rt disease			
(This daes not mean the heart failure, asthenia, e injury or complication w	tc. It means the hich coused deat	h.)	501.10						
ANTECENIO	TALL CALLERS								
DISEASES OR CONDI	TIONS IF ANY	GIVING	(B)						
RISE TO THE ABOVE C	AUSE (A) STAT	ING THE	DOE 10				CIARRE		
UNDERLYING CONDI	HON LAST.		(C)			0.000000000000000000000000000000000000		p= 00 04= 0= 0= = 0000000000000000000000	
0	11								
OTHER SIGNIFICANT		NTRIBUTING							
TO THE DEATH BU								***************	
OTHER SIGNIFICANT OF THE DEATH BE DISEASE OR CONDITION OF OPERATION OPERATION OF OPERATION OPERATIO			ICH OPERATION	20 A. A	JTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CO	NSIDERED	
Ö	WAS PERFOR				No	IN CERTIFYING CAL			
21 A. EXTERNAL CAUSE V		21 B. PL	CE OF INJURY (e.g.	in or about	21C. WHERE DID	(If in Baltimare Chy,	give exoct lac	otian)	
UNDERLYING OR CONTI		hame, i	orm, factory, street,	office bldg.,	INJURY OCCUR?				
7									
OF INJURY (Month)	(Day) (Year)		INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
(APPROX.)		m. WO	RK NOT	WHILE		2			
22. I certify that I	held on Inqu	iry 🗍 📗	nspection X A	utopsy	ond that on	this basis, deoth in	my opinion		
resulted from:		(PP)	ident Suici	de 🗌	lamicide 🗌	Undetermined man	ner 🗌		
	000	0 (1	СН	EF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	harle	J. de	m. Jac	ACCICTA	NT MEDICAL			DATE SIGNE	D
	narles S.	Spring	ate, M.D.		ATE MEDICAL		ptember	5, 1966	•
	23B. DATE	23C. I	NAME of CEMETERY	or CREMAT	ORY 23D	LOCATION (Cit	y, town, ar ca	unly) (Stot	e)
REMOXAL (Specify)		41		10		Baltimore, M	Anuland		
Burial	9-8-66		ew (athedra		Lecy		0		
24A. DATE REC'D BY HEALTH		48, NAME OF	and a	24C.	FUNERAL DIRECT	OR	A	DDRESS,	
SEP 7	1966	2.72.	Farbound	Jol	in (. Mile	ler Inc6415	Belai	2 9	
VS 151-REV. 1/1/65	1000	0 7		0 0	0 0	0			



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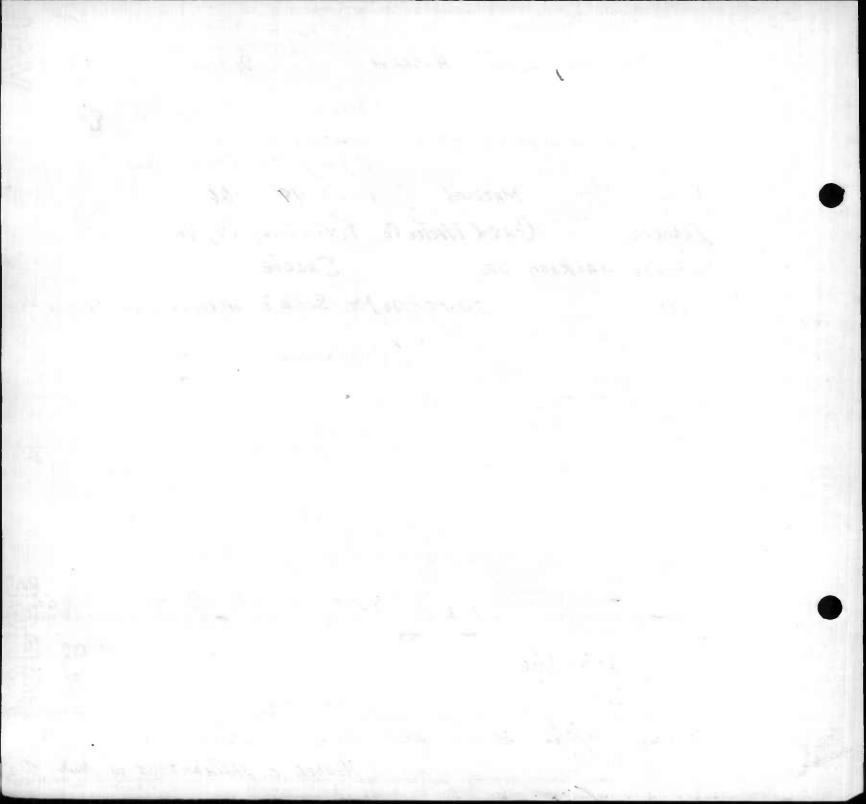
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NIW

Henry Tucker Mayers 65-pt 1966 32 1 Marylow Without between C.D Haspitet Balton Mendommin F Noga Widowed 5/37/93 70 577 Williams M.C. Will 1 Responding that CINCAN DEPT. D.A. RA-9

Such

CC 00000	BALTIMORE CITY H	EALTH DEPARTMENT		66 00000
ыкти но. 66 09022	CERTIFICAT	E OF DEATH	Registered No	66 09022
T. NAME OF DECEASED (Type or Print) JACKSON LESLIE	Anderin	2, DATE AN	915/66	411
3. PLACE OF DEATH IN BALTIMORE MARYLAND			- / / -	stitution: residence before admission)
	-	A. STATE B. COUNT		
FULL NAME OF (If not in hospital or institution, given oddress or location)		C. CITY OR TOWN (If outs	side city limits, write R	URALmand give township)
INSTITUTION Has Part	lalan.	Ballin	NO	15-41
- Lupean to file	2007111	D. STREET ADDRESS MY	ofol, give location)	
		2946 Cl	flow a	ul.
5. SEX ARE N. O. S. N. MARRIED, N. WIDOWED.	DIVORGED (specify)		ost birth	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
IDA, USUAL OCCUPATION (Give kind of work 10B. KIND OF Bidone during most of working life, even if retired)	USINESS OR INDUSTRY	1. BIRTHPLA CE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
LABORER GASX	ELECTRIC CO	T. NO 11 AWAY	Co, VA	U.SA
3. FATHERS NAME	14	4. MOTHERS MAIDEN NAN	(E	
LESLIE JACKSON SR		SALLIE		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of service)	SECHIPITY NO	7. INFORMANT		ADDRESS
No	12-05-5280 1	MRS. SADIE R.	JACKSON -	2946 CLIFTON AN
18. 44 9 3 XI	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	3		
(This does not mean the mode of dying, e.g.,	DUE TO	neumonid	•••••••	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving	501 10			
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	IICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES. WERE F	INDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PI		No	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in form, foctory, street, office	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
U	0.00	015 1/2011 212	Inv Occile	
S OF INJURY	At Not While	21 F. HOW DID INJ	JRT OCCUR?	
(APPROX.) Work	At Work		11	
22. I certify that (+) (this hospital) attended the		131/	966 109	5/ 1966
that (I) (NE) lost sow the deceosed olive on	,		at in (our) opin	nion death occurred an the dot
ond hour and from the couses stoted obave. (1)	(did) (did) vie	w the bady ofter deoth.		TOOR DATE SIGNED
23A. SIGNATURE I. R. S. Lave	M.D. Attend	ding Med.	Stoff TT	23B. DATE SIGNED
. 00.00	Phys.	D. ADDRESS	Stoff Phy s.	9/5/66
23C. PHYSICIAN'S NAME (Type) I. R Gaie		Lutheran Hospi	tal	
	AE of CEMETERY OF CREM			ty, town, or county) (State)
REMOVAL (Specify)	/) / /		1	- Lodaya wast
SURING 7/9/66 Arbut	tus Memorial	25C. FUNERAL DIRECTOR	ltimore/Cou	nty Md.
SEP 7 1966 1 2.4 2	Saley MA	HERDERT E.	NUTTEN Z	035 W. North Au
VS 150-REV. 1/1/65	500	TO DE LE	1	70.70007777



SAB-45-61-03

H-52	2		BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
BIRTH NO.	66 0902	3	CERTIFICA	TE OF DEATH	Registered No	66 09023
M.E. CASE NO.	CEASED			2. DATE AN	ND HOUR OF DEATH	
(Type or Print)	ROSA N	AF	HANCOCK	9 - 1	4-66	8:00 AN
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before admission
FULL NAME O	OF (If not in hospital address or location		give street	Maryland	deido eite limito mario	URAL and give township
INSTITUTION	Baltimore C:	ity Hosp	oitals	Baltimore	nside city limits, white st	OKAL ONG DIVE TOTAL
	4940 Easter	-		D. STREET ADDRESS (If	rural, give location	
	Baltimore, M	aryland	21224	1838 North	Durham Stree	et 21213
Female	6. RACE Negro		NEVER MARRIED D. DIVORCED (specify) Married	6-13-1931	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Domesti		Priva	te Family	Virginia -(Ch	narlotte Co)	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Mars	hall Hancock				Mollie L	• Davis
5. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in the yes, give wor or dole	s or services		Records:BCH-494	O Eastern Av	renue 21224
1B.	0.01		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	1	,		ONSET AND DEATH
(This dees	LEADING TO DEATH not meen the mode of	duine e e	(A) An	15×14		
heart failure,	, osthenio, etc. II means	the disease,		^	- 1	
1 ' '	mplication which caused ANTECEDENT CAUSES		(B) A	spiration from	monites	- GA
	OR CONDITIONS, if		DUE TO	0	n fn † 1 0 n n n n na n na n n n n n m in n f n de ta e an an annachta at.	
rise to th	ne obove cause (A)		(C) GD	stric Alcer	/	
UNDERLYIN	G CONDITION last.		Sepo	lie		
Z OTHER SIGN	III	ONTRIBITION	6	1		
TO THE D	DEATH BUT NOT RELA	ATED TO TH		Trysordism		
U 19A. DATE P	FOPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	101/0 4 0	(1.0	tive Weer	Yes	Ies	
	ENT WAS UNDERLYING UTING CAUSE OF	7) 21B	. PLACE OF INJURY (e.g., ii	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
U	y medical examiner) NO	etc.	no	non	•	
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	hone 21 F. HOW DID INJ	JURY OCCUR?	
(APPROX)	hose	Wh	ile At Not While			
22. I certify	y that (1) (this hospita	l) ottended t	he deceased from	8 - 4	19 00 to	7 - 4 19.66
that (1) (we) lost sow the decease	ed olive on	9-4-66			nion death occurred an the do
ond hour on	nd from the causes sta	ted obove. (l) (We) (did) (did not) v	view the body after deoth.		
23A. SIGNAT	URE			Inter		23 B. DATE SIGNED
Ch	arley B Buks	na	M.D. Atte	ending Med. s. Director	Stoff Phys.	9-4-66
23C.PHYSICIA				23D. ADDRES 4940 East	tern Avenue	Baltimore, Md.
	Charles B	Beck	Cha a n M.D.	6116 E. Pro	itt St.	Bettimore M.
4A. BURIAL CRI	EMATION, 24B. DATE	24C. N.	AME of CEMETERY of CRI	EMATORY 24D. L	LOCATION (C)	ly, town, or county) (Stote)
Burial	9/9/66	Mt.	Zion Baptist	Cemetery Ch	narlotte Cou	nty, Virginia
SA. DATE REC'E	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R 30 75	ADDRESS
	7 1966	0.0	& Jackey Ma	Hembert E. Nu	tter 335 W	• MOT OIL WAG
/S 156_9EV 1/1.	/65	7	A A III		1	

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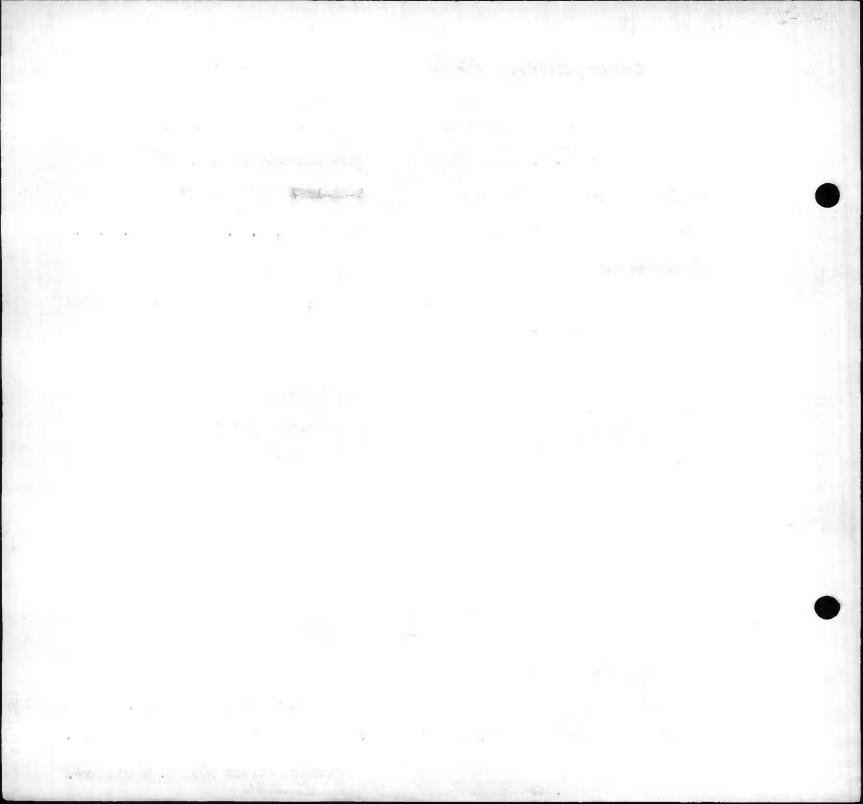
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45-27-53\= FR ====

1	0	BALTIMORE CITY	HEALTH DEPARTMENT	00 00004
	TH NO. 66 09024	CERTIFICA	TE OF DEATH Registered No.	66 09024
1,1	AME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Ту	Baben FI	len MARIE	Au Sent	1 19661 7 30 D M.
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, if in A, STATE B. COUNTY	nstitution: residence before odmission)
	OSPITAL OR oddress or location	or institution, give street n)	Maryland C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	NSTITUTION Baltimore Ci	ty Hospitals	Baltimore //	The Carlotte of the Carlotte o
1	4940 Eastern	-	D. STREET ADDRESS (If rurol, give location)	
1		Maryland 21224	3136 Belmont Avenue 212	16
	Temale Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8/18/1897 9. AGE (In yeors lost birthday) 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
	Housewife	Home	Washington, D. C.	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	Clayborne Gordon		Roy Roy	
		rces? 16. SOCIAL	IT. INFORMANT	ADDRESS
(Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or date	security Nd. 223-28-4601	RECORDS: BCH 4940 Eastern	Avenue 21224
	DISEASE OF CONDITION DI		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) (E V A	24/1,05.
	(This does not meon the mode of heart failure, asthenia, etc. It means			
	injury or complication which caused	death.)	tour tour landles) years
	ANTECEDENT CAUSES	(B)/// DUE TO	eneralized ASCUD	y ears
{	DISEASES OR CONDITIONS, if	ony, giving		
	rise to the above couse (A) UNDERLYING CONDITION last.	stating the (C) (C)	enevalized ASCUD	
7	II			
TIO	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE	tie aortitis	
CA	19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFICATIO	WAS PER		NO IN CERTIFYING C	AUSES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in at about 21C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	re City, give exact location)
품	21D. TME (Month) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	(APPROX.)	While At Not Whi		
	22. I certify that (4) (this hospita	I) attended the deceased from	Nov. 23 19 65 10 5	Sent 1 1966.
			19 6 6 and that in (my) (aur) ap	
				inion death accurred on the date
		ted abave. (I) (We) (Hid) (Hid)	view the bady after death.	
	23A. SIGNATURE			23 B. DATE SIGNED
	Carl W whent	M.D. Att	ending Med. Stoff Phys.	9/1/66
	23C. PHYSICIAN'S		23D. ADDRESS	
	NAME (Type)	to it	Baltimore city Hosp.	mone Menuland 21221
24	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	4940 Eastern Avenue Balti	ity, town, or county) (Stote)
4	REMOVAL (Specify) Burial 9/5/66			
25			25C. FUNERAL DIRECTOR	ADDRESS
	DATE RESEL BY HEALTH 1960	25B. NAME OF REGISTRAR	Herbert Nutter 3035 W	
VS	150-REV. 1/1/65	196600	0'9026	

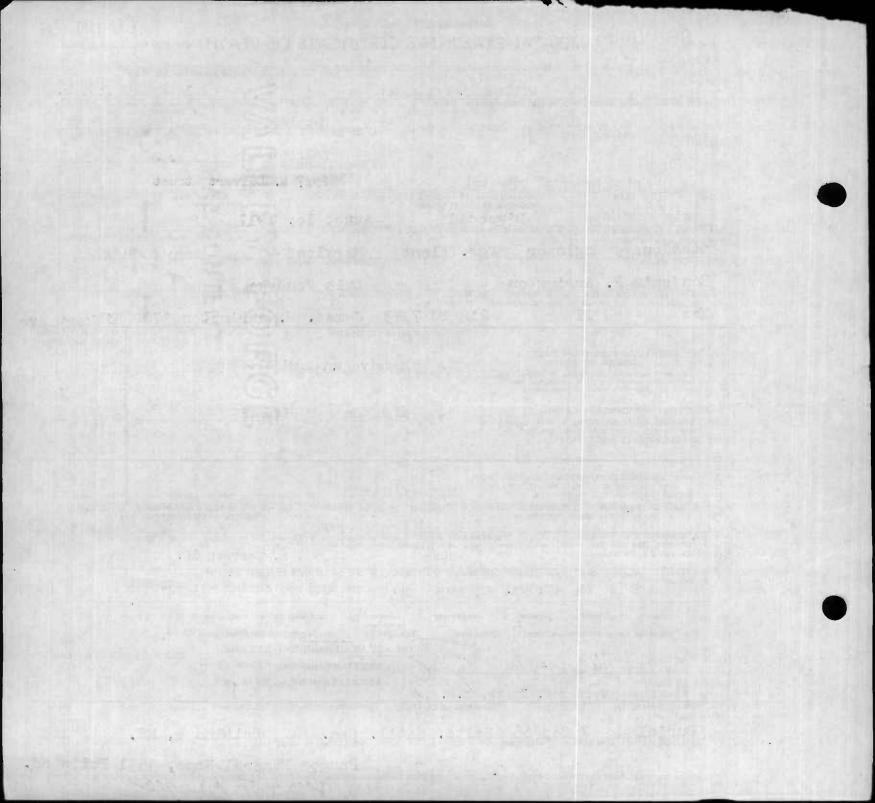


00 0000	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 09025
BIRTH NO. 66 09025	CERTIFICA	TE OF DEATH Registere	d No.
M.E. CASE NO. I, NAME OF DECEASED Type or Print) WILLIAM A. SCH	IAIBLE	2. DATE AND HOUR OF D	DEATH 10/10/10
WILLIAM A. SCH. B. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND ND	4. USUAL RESIDENCE (Where deceosed live	d. If institution; residence before admission)
FULL NAME OF (If not in hospital or ins	titution, give street		
HOSPITAL OR oddress or location) INSTITUTION	g	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
UNIV. HOSP		D. STREET ADDRESS (If rurol, give location	8-09
ONIV. HUSP		1846 N. 6-AY ST	13
M W "	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH G-G-18 9. AGE (In year lost birthday) 4.8	rs If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108-to one during most of working life, even if retired)	CALLA SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER }	Jaln	MD.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ARTHUR SCHAI	BLE	LILLIAN FROM	ABRO
5. Was Deceosed Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS OFTEN
NO -		PTHIN Schau	file - Be to Za had
DISEASE OF CONDITION DIRECTL		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		24 F	
(This does not mean the mode of dying heart failure, asthenia, etc. 11 means the c	g, e.g., DUE TO	* * *	***************************************
injury or complication which coused death	1.)	AS Q 44 T	
ANTECEDENT CAUSES	DUE TO	NS & MI	SEVERAL YRS
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statist UNDERLYING CONDITION lost.	oivino	R#D	SEVERAL YRS
OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO THE		
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES. IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in B. flice bldg., INJURY OCCUR?	collimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Work		
22. I certify that (I) (this haspital) atte		0-1/6	9-6-66 19
tho (1) (we) lost saw the deceased oli	A 1 1 1	19 and that in (o)	
ond hour and from the couses stated of			, upinion death accurred an the dot
23A. SIGNATURE	("e, (aid) (aid not) (riew like body offer deoff.	23B, DATE SIGNED
Handy Kins	M.D. Atte	ending Med. Stoff Phys.	0-6-66
23C. PHYSICIAN'S	- 0	23D. ADDRESS	9 + ++
NAME (Type)	CAFE M.D.	UNIV. HOSP.	
A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR		(City, town, or county) / (State)
REMOVAL (Specify)	Tu /	12. la 1300 1	of no
A. DATE REC'D BY HEALTH DEPT. 1258. 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS DY
SEP 8 1966 (1.0.	60 Z.D. 40	allel .	0 9 28/20 -36
150-REV. 1/1/65	ato C. Nichisarra	Home I contary	on the Hoteling

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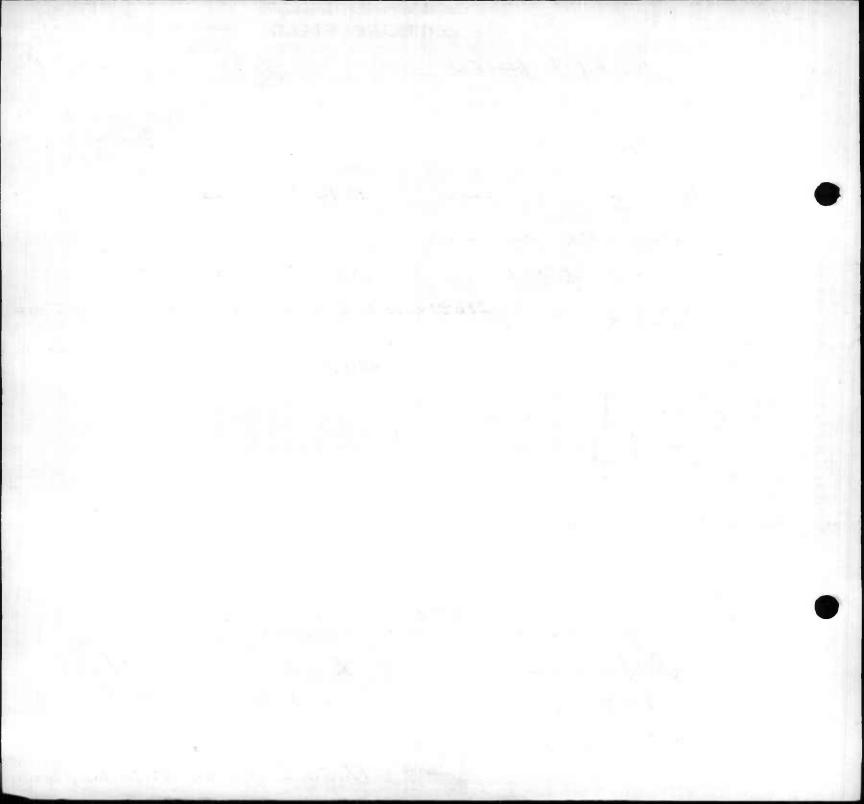
				BIRTH NO.
1		1	-	M.E. CASE NO.
+	West,	1	20	1. NAME OF DECEA

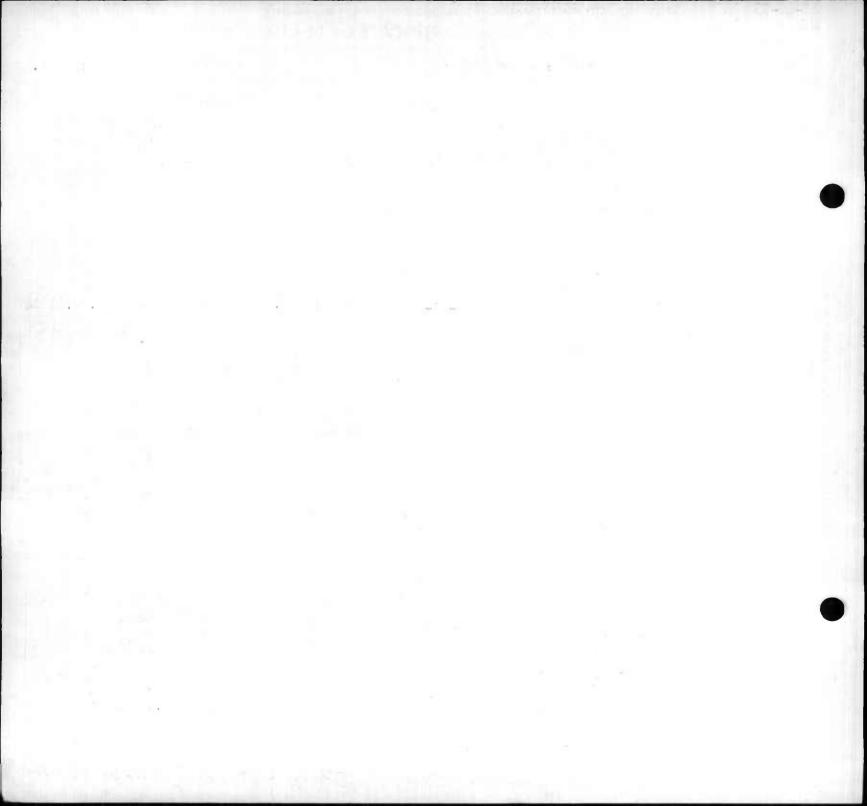
BIR"	TH NO.6	9026	MEDI	CAL E	XAMINE	ER'S C	ERTIFI	CATE	OF	DEAT	H Registe	ored No	6 09026
1.	NAME OF DE	CEASED						2.	DATE A	AND HOUR	PRONOUNC	ED DEAD	
(Ty	pe or Print)			Willia	am C. Ar	ringto	n				9/3/6	6	7:05 a. M.
3. F	LACE IN BAL	TIMORE, MAI	RYLAND, WI	ERE PRONO	UNCED DEAD		A. STATE				lived. If inst	itution: resi INTY	dence before odmission)
[HO	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	L OR INSTIT	TUTION, GIVE	STREET	C. CITY	OR TOWN		side corporote	e limits, write	RURAL	nd give township)
4							D. STREE		timol SS (If ru	rol, give loca	nion)	· Contract	
1		Union M	lemoria	1 Hosp:	ital			291	7 N.	Calver	t Stre	et	
5. \$	male	6. RACE		WIDOWED,	, NEVER MARI DIVORCED(sp	ecify)	B. DATE C	st lo	0.]	9. AC lost b	E (In years wirthdoy) 49		Doys Hours Min.
10A	. USUAL OCC	UPATION (Give	s kind of work	10B. KIND O	F BUSINESS O	R INDUSTR	11. BIRTH			reign country)		12. CITIZ	EN OF AT COUNTRY?
	Statio	nary E	ngine	er M	fgr. Pl	ant	Ma	rylar	nd				ISA
	FATHER'S NA	_					14. MOTH	ER'S MAII	DEN NA	ME			
	Benjam was deceasi				16. SO CIAL		Lu.	la Va	andy	ke		ADDRES	e
(Yes	, no or unknown	(If yes, give	wor or dotes	of service)	SECURITY								
	Yes	MM	11		212 10	1213	Ja:		W.	Arrin	gton :	3700	Hitkory Ave
NO	(This does heart failure injury or co DISEASES RISE TO TH	not meen the contract of the c	TO DEATH e mode of c. It meons ich coused d NT CAUSE: TONS, IF AI AUSE (A) ST ION LAST.	dying, e.g., the discose, eoth.)	(B).	ТО	ssive			oleedin omen	.8		
CERTIFICATION	TO THE	III SNIFICANT CO DEATH BU OR CONDITION	ONDITIONS OF NOT REL	ATED TO					·				
	19A, DATE O	F OPERATION	198, CONI WAS PERF	ORMED	WHICH OPER			yes		IN CERTI	ES, WERE FI	SES OF D	EATH?
MEDICAL	21 A. EXTERNA UNDERLYING UTING CAL	DOR CONTRI	B	21 B. hom etc.)	PLACE OF IN e, form, foctor hous	y, street,	in or obout office bldg.,	INJURY C	CCUR?	Calver		ve exoct l	ocotion)
Σ	OF INJURY (APPROX.)	(Month) (66 12		WHILE AT WORK		WHILE X			during	alterc	ation	
		tify that I h			Inspection	Suicid	topsy 🔀	and t			death in r		n
	1,000						-			EXAMINE			
	ACTUA		Kn	24	6	1				EXAMINE			DATE SIGNED
	SIGNAT EXAMI NAME (NER'S	erner U	. Spit	z, M.D.	5				EXAMINE		9/	3/66
	BURIAL CRI	MATION, 2	3B. DATE		3C. NAME of	CEMETERY	or CREMAT	ORY	23 D	LOCATION	(City	, town, or	countyl (Stotel
24/	Burie A. DATE REC'D		7 Seg	24B, NAME	Balto.	Nat!	1. Ce	FUNERAL	DIRECT	Balt	imore,	Md.	ADDRESS
		SEP 8	1966	00	8-2 F	2. angel	Bu	irgee	Fu	neral	Home,	363	l Falls Rd.
VS	151-REV. 1/1	/65	1	19	6 6 (1 1	0 9	Ho	inci	2 Fr. 1	Dury	ree	



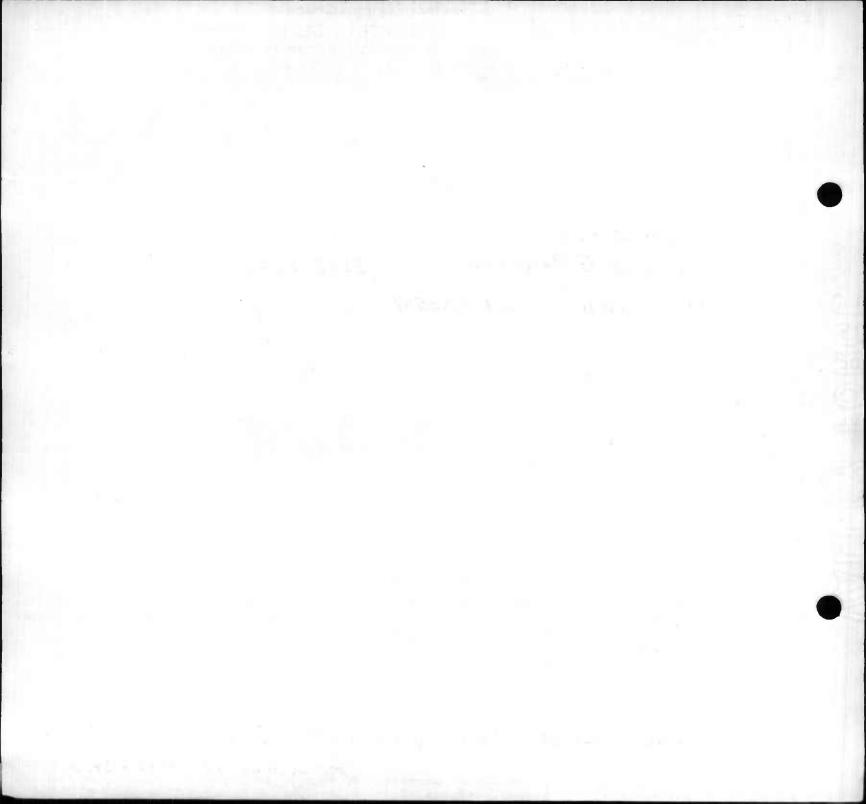
BALTIMORE CITY HEALTH DEPARTMENT 66 09027 Registered No.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 166 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLANI (If not in hospital or institution, give street arviano FULL NAME OF O HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 timor prior D. STREET ADDRESS (If rurol, give location) hesthu 2121 made If Under 1 Yr. If Und Months; Doys Hours If Under 24 Hrs. Hours : Min. 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE 60 WIDOWED, DIVORCED (specify) lost birthdov) Married 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country done during most of working life, even if retired) USA Varyland METIRED L LA BORER 4. MOTHER'S MAIDEN NAME EDWARD B. KEELE 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No ELEAHORA S. KEEL 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, efc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) storing the UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) Ü OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? OF INJURY While At Not While btain (APPROX.) Work Al Work 22. I certify that (1) (this hospital) ottended the deceased from 19.66 that (I) (we) lost sow the deceased alive on and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238. DATE SIGNED Attending Phys. M.D. Med. Stoff Director 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D GAR 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, 0 eceased REMOVAL (Specify decease Pine Green Balto Co. 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/65





					B.A	LTIMORE CITY	HEALTH DEPART	MENT		00 00	000
1		H NO.	66 (9029	CI	ERTIFICA	TE OF DE	ATH	Registered No	bb_U9	1129
	1, N	AME OF DECEA	ARRIS	SH M	ICHAE	L G	2	DATE AND	HOUR OF DEATH	1966	908 Pm.
	F	ULL NAME OF	(If not in	hospital or institu	ution, give street		A, STATE	B. COUNT			
4		STITUTION		IAL Hos	0,511		D. STREET ADDRE	TIME	ide city limits, write R	URAL ond give	10wnshiph
	S. S						3759	EL	MAVE	21	211
	104.	MALG.		E WID	RRIED, NEVER ADOWED, DIVORO	CED (specify)	B. DATE OF BIRTH	1916	ost birthdoy) 50 gn country)	Months: Doys	F
		AREHOL			FAIR W	AREHOUS	MARY	LAN	10	WHAT CO	A
	13. [FATHER'S NAME		PARR	rish		ELIZA		2.01	7	
	15. V (Yes	Was Deceased E	ver in U. S.	Armed Forces? vor or dates of ser	1 6. SO CI	JRITY NO.	17. INFORMANT	Cha	t.	ADDI	RESS
		18. DISEASE	71/1	TION DIRECTLY	A	CAUSE O		0	al infaction	ONSET	VAL BETWEEN
		heart foilure, or injury or compl	sthenia, etc. ication whic	mode of dying, It means the dis h coused death.)	seose,	DUE TO	CVD	1000	N N N N N N N N N N N N N N N N N N N	900	
		DISEASES OR		CAUSES NS, if ony, guse (A) slating		DUE TO	V				
		UNDERLYING							мин Оин и ми н Фффи ми нии Оин и Фин ффи Ф Фи О		n n , maydamman man 0 dala 0 0 0 0 0 0 0 0 0 0 0 0 0 0 dala
	ATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	ATH BUT H	OTTIONS CONTRIENT TO THE AUSING IT.	UTING O THE						
	ERTIFICATION	19A. DATE OF C		198. CONDITION WAS PERFORMED)		110		20B. IF YES, WERE F		
	CALC	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	NG CAUS	EOF	home, form, etc.)	OF INJURY (e.g., i foctory, street, o	n or obout 21C. WH ffice bldg., INJURY	OCCUR?	(If in Boltimore	City, give exoc	t locotion)
	MEDI	OF INJURY (APPROX.)	Month) (Do	y) (Yeor) (Hour	While At Work	OCCURRED Not Whi At Work	e 🖳	N DID W	JRY OCCUR?		<i>(e</i>
		1		haspitol) otten deceased alive	C	111	19 66		9 6 6 to	nian death occ	1966,
		ond haur ond		uses stated obc	ve. <u>(I)</u> (We) (did) (did_net)	view the body oft	er deoth.		23B, DATE SIG	NED
		23C. PHYSICIAN	ehu	mora		M.D. Att	ending Me os. Dir	ed. ector	Stoff Phy s.	9/4	166
		MAGNL	15	PETUR	SSON	M.D.	LINION	MEN	MORIAL	HOSPI	TAL
	١.,	REMOVAL (Sp.	ATION, 24B.	DATE :	D'YULA TO	EMETERY OF CR				RAITO	(Stote)
		BURIAL L. DATE REC'D B	Y HEALTH C		AME OF REGIST	RAR	2SC FUNERAL	DIRECTOR	Leitz 814W	10	DORESS
		S	P 8	1966 12	was End	dusty 4.1	Fran	1, 11/6	Testy 814W	367	h
	VS	150-REV. 1/1/65			1			- 1	•		

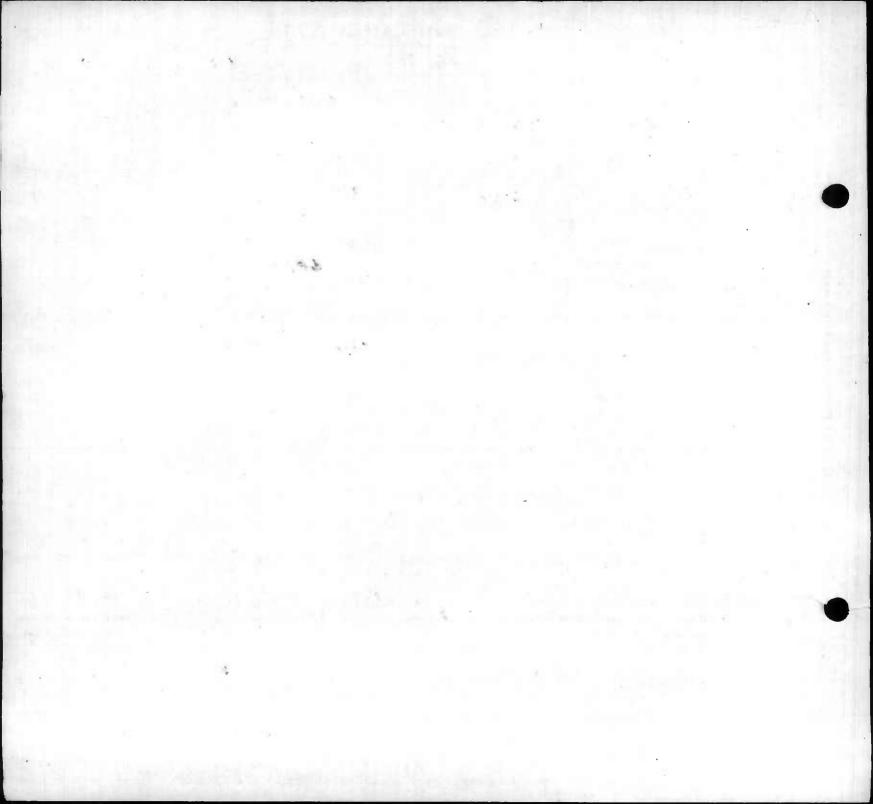


		00 0000		BALTIMORE CITY	HEALTH DEPARTMENT		66 09030
	TH NO.	66 0903	30	CERTIFICA	TE OF DEATH	Registered Na.	00 03030
1.1	E. CASE NO. NAME OF DECE pe or Print		: /			NO HOUR OF DEATH	
IL.	WA	1166	WEB	ER	Sep	T 4 1966	institution: residence before admission)
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	_	4. USUAL RESIDENCE (WH A. STATE B. COU	ere deceased lived. If i	institution: residence before admission)
	FULL NAME OF	(If not in hospital	or institution,	give street	Macyland	Anne A	RURAL and give township)
11	HOSPITAL OR	oddress or location		1/1	1 1 11		RURAL and give township)
1	SOUTH B	PALTIMORE	YEN. /	405 1	D. STREET ADDRESS	Frutol, give location)	52.00
1	3				_ 1	x 169	
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	MALE	CAUC.		D, DIVORCED (specify) RRIED	12-14-1910	lost birthdoy)	Months Doys Hours Min.
		PATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
100	WELO	1	Bert.	STEEL	MARYLAN	10	USA
13.	FATHER'S NAM		Nerri	0,22	14. MOTHER'S MAIDEN NA	AME	
	WAL	TER WEB	SER		Emma 1	lagle	
15.	Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	cos?	1 6. SOCIAL	17. INFORMANT	agic	ADDRESS
1100	Yes	World War		215-09-9746	PATIENT		
-	1B. / 6. 2	MOTTE NET	77	CAUSE O			INTERVAL BETWEEN
	DISEASI	OR CONDITION DI	RECTLY		7	,	ONSET AND DEATH
		LEADING TO DEATH		(A)	ARCINOMA O	= Lung	4 months
1	heart failure, a	al meon the mode of osthenia, etc. It means	the disease	, DUE 10		,	
		plication which caused		(B)			
		NTECEDENT CAUSES		DUE TO			
	rise to the	R CONDITIONS, if above couse (A)					
	UNDERLYING	CONDITION Iosi.					
z	OTHER SIGNIE	IL STEAM CONDITIONS C	ONTRIBILITIN	IG.			
ATION	TO THE DE	ATH BUT NOT RELA	ATED TO TI	HE			
FIC	19A-DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or 1	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0				100		
AL C	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	hot	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
U		medical examiner)	etc			_	
MEDI	OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED hile At Not While	21F. HOW DID IN	JURY OCCUR?	
	(APPROX.)		W	ork At Work		<u> </u>	
	22. I certify t	that (I) (this hospita	l) attended	the deceased from		19 66 to	9 -4 1966.
		last saw the decease		•			pinian death accurred an the date
	and haur and	from the causes sta	ted abave	(i) (qid) (did)) v	iew the bady after death	•	
	23A. SIGNATUI	RE	/	1		5. "	23B. DATE SIGNED
	Well	ram J. S	with	Phy		Stoff Phys.	9-4-66
	NAME (Ty				23D. ADDRESS		
				M.D.			
24	REMOVAL (S	AATION, 24B. DATE	24C. N	IAME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
25	Burial	Sept.7,		len Haven Memo	Park Rite	chie Hgwy.,	A.A.Co., Maryland
		CED 8 10GG	00	1- 9 Fr. Outes	ESON TOTTERNE DIRECTO		Ritchie Hgwy., Baltime
VS	150-REV. 1/1/6	5	1 Arian		7 9 0 3	7	

1797 264 117 MALE CARE MARKED 33 757-4-36 Wedge and Song Margania MAINER WEBER Emme Lagre Parsent JAPENSON OF SOME 6-12 27 51-8 94

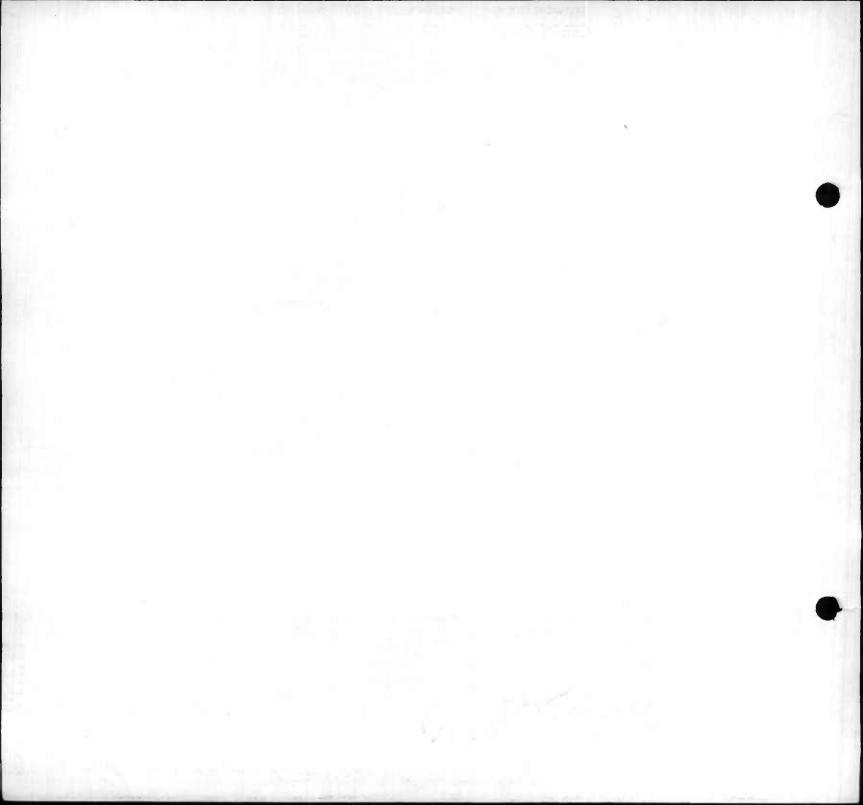
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

100 0 SE	00003	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00091
BIRTH NO. 66-1981266	09031	CERTIFICA	TE OF DEATH	Registered No	66 09031
1. NAME OF DECEASED		MEDADE	2. DATE AN	PALG	315p
3. PLACE OF DEATH IN BALTI			4. USUAL RESIDENCE (Where	e deceosed lived. If ins	titution; residence before admission
FULL NAME OF (If not	in hospitol or institution	n, give street	MARGLA		
	s of location)	RE HOSPITAL	C. CITY OR TOWN (If outs		JRAL and give township)
D. STREET ADDRESS (If rurol, give location) BLITTELES, PLANTED, NEVER MARRIED WIDOWED, DIVORCED (specify) 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF					
Butting	CRE, MC	ery kund	1150 aa	Shington	1 B/6d.
MI WHIT	WIDOW	VED, DIVORCED (specify)	9/2/66	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give done during most of working life, eve		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME SHERMC	N' NEU	AUE	14. MOTHERS MAIDEN NAM	A SKIT	1-1
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service	SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 Z V I		CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONE			IMMATURA	701	ONSET AND DEATH
LEADING TO		g., QUE TO	INMIN CORP	<i>/ /</i>	
heart failure, astheria, etc	. II meons the diseos				
ANTECEDEN		(B)			
DISEASES OR CONDITI		DUE TO			
rise to the obove c	ouse (A) sloling I	-		00-0000	25 C C C C C C C C C C C C C C C C C C C
II.					
O OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING			
TO THE DEATH BUT DISEASE OR CONDITION	CAUSING IT.		100 4	1 -0.5	
19A. DATE OF OPERATION	WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDENT WAS UNIT OR CONTRIBUTING CAU	JSE OF H	1B. PLACE OF INJURY (e.g., nome, lorm, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
2		1E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S (APPROX.)		While At Not Wh			Angle Control
		Work L At Work	2.00	9 66 to	3 PM 9/10 66
22. I certify that (I) (thi		6 / -)	1//		ion death occurred on the do
			view the body ofter death.	ar m(my) (001) 0pm	TOTAL GOVERNMENT OF THE GO
23A. SIGNATURE	ouses stated obove.	(I) (we) (did) (did Hor)	View the body offer death.		23B, DATE SIGNED
748	(1.6.27)	M.D. A	ttending Med. Director	Staff Phy s.	9/2/66
23C. PHYSICIAM'S NAME (Type)	1)	M.D	23D. ADDRESS		1-1-
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C.	NAME OF CEMETERY OF C	REMATORY 24D. LO	BALTO A	y, town, or county) (Stote)
25A. DATE REC'D BY HEALTH	DEPT. 258. NAM 1966 P. C. S	E OF REGISTRAR	25C. FUNERAL DIRECTOR HOST	PITAL DISI	POSAL
VS 150-REV. 1/1/65	1 7	000	77033		



FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death oc	nt if death o
the body was released to the hospital by a medical examiner. Also, if the direct or con	irect or con
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterr	(4) Undeter
was D.O.A. at a hospital (except where the physician who pronounced death was in re	h was in re
deceased prior to death); and (6) No physician was in regular attendance on the deceas	n the decea
written annount must be abtained before the remains are embalmed or final disposition is	disposition is

11	1160	66 09032 BALTIMORE CIT	Y HEALTH DEPARTMENT
\ A (seth the the	BIRTH NO. CERTIFICA	ATE OF DEATH Registered No. 66 09032
ì		M.E. CASE NO.	2, DATE AND HOUR OF DEATH
hospital a	deat deat ease n th Suc	(Type or Pant) GDNA & Miller	, , , , ,
	005	3. PLACE OF DEATH IN BALTIMORE MARYLAND	10:45 AM 9/6/66 M. 14. USUAL RESIDENCE (Whore decoosed lived, If institution; residence before edmission)
		STERCE OF BEATH IN BALLIMONE, WANTERING	A. STATE B. COUNTY
	(5) and	FULL NAME OF (If not in hospital or institution, give street	Maryland
		HOSPITAL OR oddross or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
		DO WILL DUTING TO DEVENUE	Baltimare 25
•	Lioi att	SOUTH BALTIMORE GENERAL	D. STREET ADDRESS (If rurol, givo location)
7		HOSPITAL	3715 Brooklyn And
	tribut tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (If years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	Trie B	Female white widow	6/4/98 lost birthdoy) Months Doys Hours Min.
	on one on one one	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
- 1	rect or c (4) Under was in the dec	done during most of working life, even if retired)	WHAT COUNTRY?
	or Judi	13. FATHER'S NAME	14. MOTHERS/MAIDEN NAME
4	wa the		
		John Smith	Fanne Tragan 17. INFORMANT ADDRESS
A	0 # 0 _	15. Wos Decoased Ever in U. S. Armod Forces? 16. SOCIAL (Yos, no or unknown) (If yos, give wor or dotes of solvice) SECURITY NO.	17. INFORMANT ADDRESS
	kin de de ce	No	tamily dame
ORT	if i		OF DEATH INTERVAL BETWEEN
Q .	4 00 5	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
2	Also e of noun atte	LEADING TO DEATH	Carcinama of Sigmued 6 miths
- 0		(This does not meon the made of dying, e.g., DUE TO	Colon with metastasis
~	0 0 0 0 0	injury or complication which coused death.)	Colon with melastasis
0	frace	ANTECEDENT CAUSES (B)	alnal Failer
5	Te A P	DISEASES OR CONDITIONS, if ony, giving	
8	3 (3) e e	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost,	
0	cal cal ns; icia icia as		
- 7	S = r ≥ 3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
S	phy phy dn	TO THE DEATH BUT NOT RELATED TO THE	
ER	a m body ne p sicia	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z :	0 X + 10		NO
E ;	(2) (2) ere o ph	OP CONTRIBITING CALISE OF home form fectory street	in or about 21 C. WHERE DID (If in Boltimore City, give exact lecetion) office bldg., INJURY OCCUR?
	~ キャーラー	DEATH (notify medical examination)	
3	0 4 4 -	Q 21D. TIME (Month) (Dov) (Your) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
	hosp nature ept v d (6)	OF INJURY (APPROX.) While At Work At Work	
	provent in the hand and obtain	22. I certify that (I) (this haspital) attended the deceased from	Aug 15 19 66 10 Sept 6 19 66.
	0 + E 0 0	that (I) (we) last saw the deceased clive on Supet 6	19 6 and that in(my) (aur) opinion death accurred on the date
a d	dent of death); must be		
	ussed to dent of ospital death) must be	and haur and from the causes stated above. (1) (We) (did) (did nat)	238. DATE SIGNED
	leased tident of hospita o death	Se 1. R/a . I MD AI	ttonding Mod. Staff Col
	release release accident a hospi r to dea	Supren Hamungy Ph	lys. Director Phys. 9/6/66
	0 - 0 >	23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS
	certification of the color of t	Stephen Hamerott M.D	South Baltimore General Hosp
	¥€0.8 g	24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY . 24D. LOCATION (City, town, or county) (Stole)
	the body shows: (1) was D.O./ deceased	1) 9-4-66 (EdMR 4	tell Stellenie
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25\$. FUNERAL DIRECTOR ADDRESS
1	the show was dece	SEP 8 1966 (P.O. 6-2 Josepha	de (every - 183) Calapso Ces,
		VS 150-REV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT 66 09033 Registered Na. BIRTH NO. CERTIFICATE OF DEATH of death Deceased the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH LO (Type or Print) HARBAUGH hospital 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance cause; (5) MARYLAND cause FULL NAME OF (If not in hospital as institution, give street ANNE ਰ HOSPITAL OR oddress or location) (If autside city limits, write RURAL and give township) attend 0 0 HANOLER MARYLAND GENERAL HOSPITAL = prior D. STREET ADDRESS contributing (If rural, give location) occurred STUNY RUN ROAD etermined regular mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE B. DATE OF BIRTH WIDOWED, DIVORCED (specify) eceased last birthdoy) MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) death disposition done during most of working life, even if retired) Und MARYLAND ŏ INDUSTRIAL ENCENEER WESTINGHOUSE SDM 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME the <u>4</u> HARBAUGH SAMUAL LAURA CARROLL eath E₀ 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dotes of service) kind; 17. INFORMANT 16. SOCIAL fina SECURITY NO. attendance 217-03-5652 ALLINE FHARBAUCH any CAUSE OF DEATH 9 DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. the chief medical examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES Po DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 9 UNDERLYING CONDITION last. the remains MOS physic CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NONE NO before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? ere (If in Baltimare City, give exact lacotion) to the hospital MEDICAL 0 DEATH (natify medical exominer) etc.) nature; ¥ obtained 21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Nat While While At (APPROX.) Wark At Work and any 22. I certify that (I) (this haspital) attended the deceased from... 66 and that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on...... of death) hospita was released must ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. An accident 23A. SIGNATURE Attending Doerfer M JOHN PDOERFER M.D. Staff Med. 2 Phys. Director approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior MARYLAND at NAME (Type) SHIP LEY M.D. BALTIMORE MARYLAND shows: (1) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY eceased D.O. the body REMOVAL (Specify) Howard Co 9/10/66 Meadpwridge Cem Mas 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR McCully FH 237 Patapsco Ave 70

ARUNDLE

Manths Days

12. CITIZEN OF

238. DATE SIGNED

(State)

Md

ADDRESS

21 225

WHAT COUNTRY?

ADDRESS

STONEY RUN

ROAD

INTERVAL BETWEEN

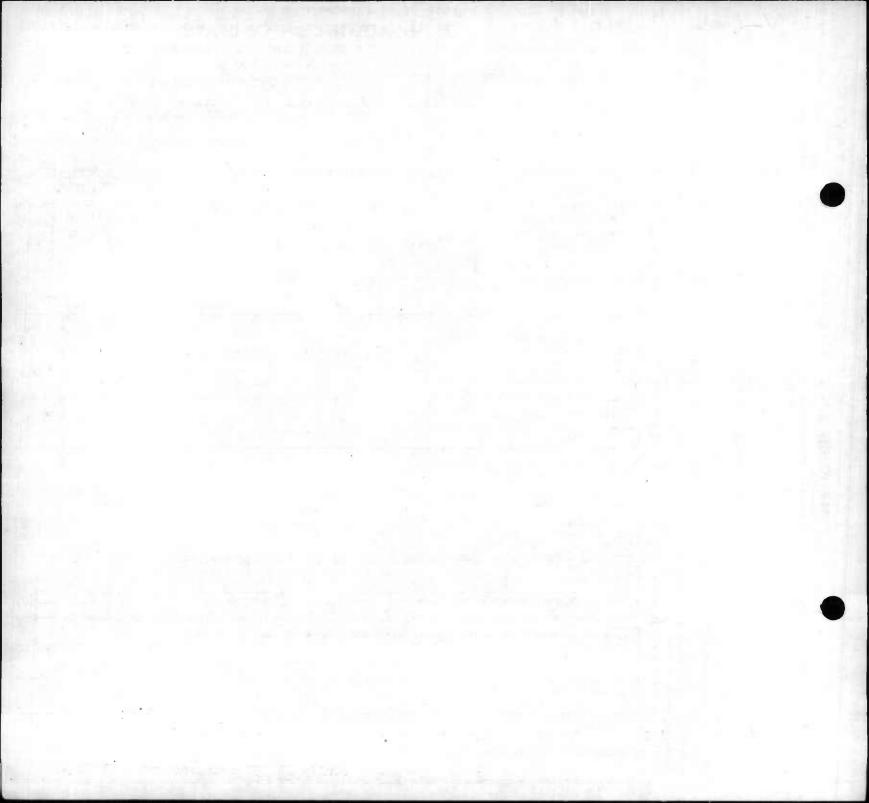
ONSET AND DEATH

CMKNOUN

USA

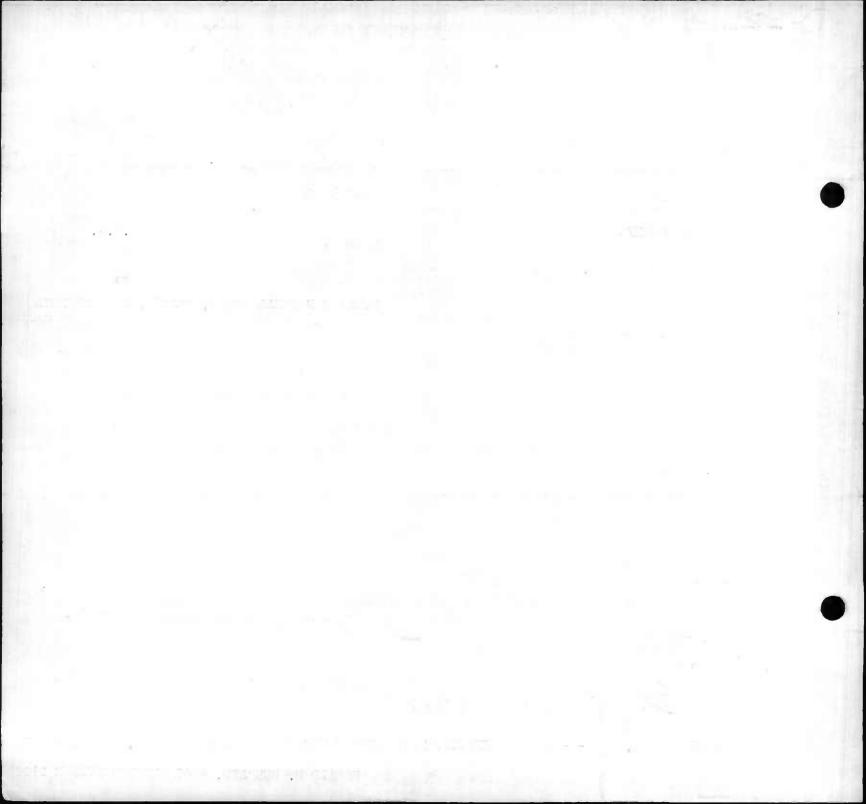
If Under 24 Hrs. Hours Min.

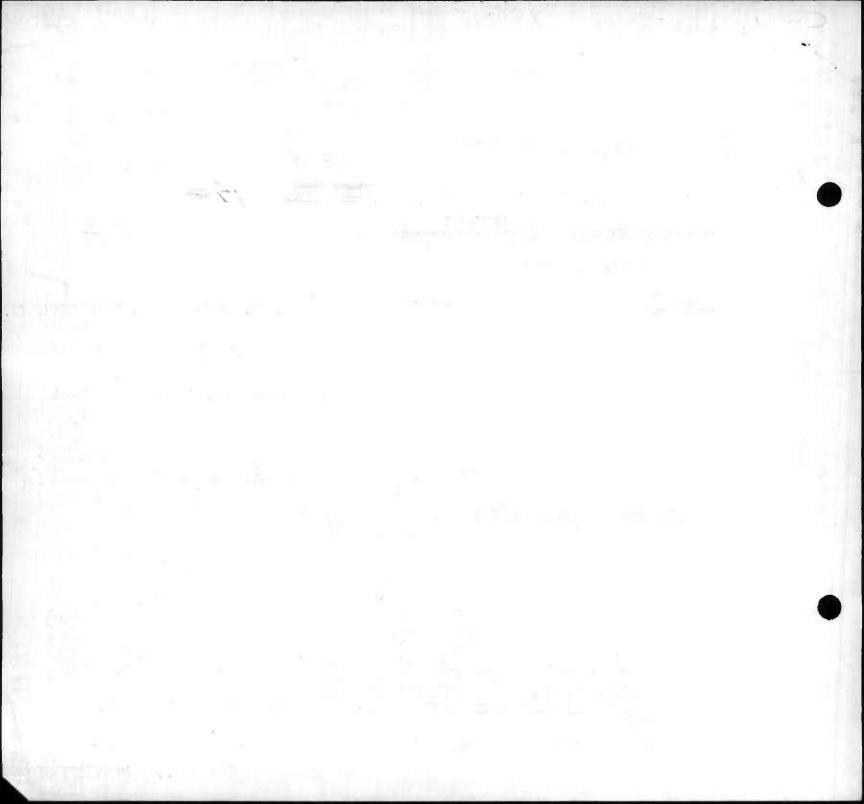
Hours



FUNERAL DIRECTOR: IMPORTANT	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
the body was released to the hospital by a medical examiner. Also, it the alrect of contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Service .
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	proc
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written annivoral mise to abtained haters the sameine are embalmed or final disposition is made	

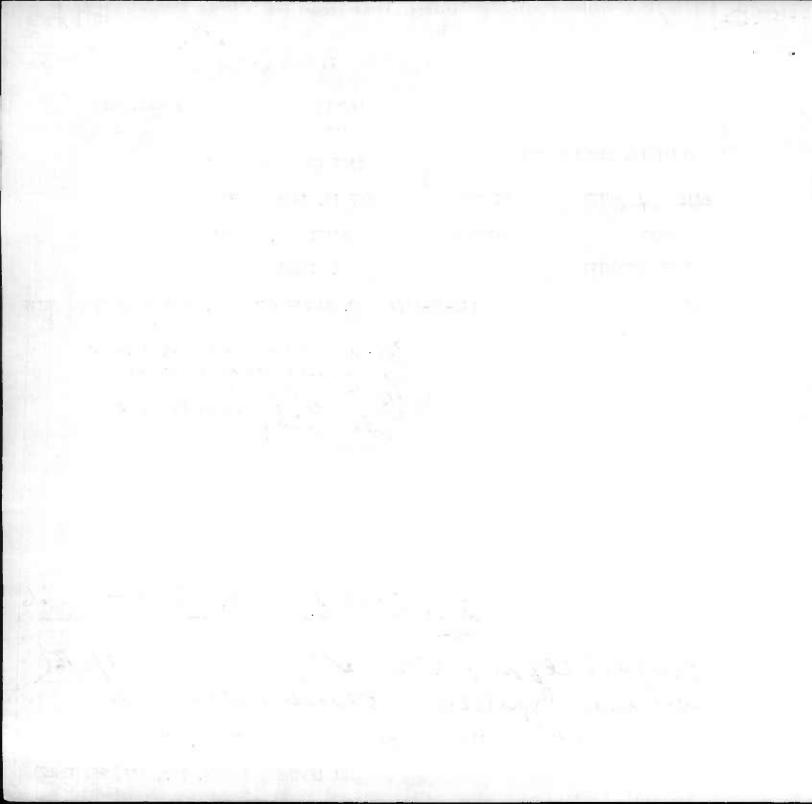
C	M.E	H NO. 66 09034 C CASE NO.		TE OF DEATH	Registered Na.			
		AME OF DECEASED De or Print) ELIZABETH S	2. DATE A	9-6-66	5-40 A			
	F	FULL NAME OF (If not in hospital or institute	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY PENNSYLVANIA					
_		OSPITAL OR oddiess or locotion) THE JOHNS HOPKINS	C. CITY OR TOWN (If outside city limits, write RURAL and give township) SHARON					
de.)	D. STREET ADDRESS (If rurol, give locotion) 502 FORKER BLVD.					
s mad		FEMALE WHITE MAR	RIED (specify)	7-26-02	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
disposition		USUAL OCCUPATION (Give kind of work 108, KING eduring most of working life, even if retired) HOUSEWIFE	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
200	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME				
2		JAMES H. SCOTT		ESTELLA POWELL				
- 6	15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown)(If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		NO		McMANUS FUNERAI	L HOME, SHA	RON, PENNSYLVANIA		
0 00		DISEASE OR CONDITION DIRECTLY	CAUSE OF	F DEATH	0	INTERVAL BETWEEN ONSET AND DEATH		
		(This does not meen the mode of dying,		spiralor	and	2 duys		
□ I		heort foilure, osthenio, etc. Il meons the diseose, injury or complication which caused deoth.) ANTECEDENT CAUSES (B) The total affect Cat of Briging (B) Th						
remains are em		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. (B) DUE TO DUE TO C) DEFINATION OF THE PROPERTY OF THE PROPE						
	ATION	OTHER SIGNIFICANT CONTRIBUTING						
e rue	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Derore	CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)		
Berre	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not White At Work	21F. HOW DID IN	JURY OCCUR?			
De obt		22. I certify that (I) (this haspital) attended the deceased from Aug 18 1966 to Sept 6 1996, that (I) (we) last saw the deceased alive an Aug 6 79 66 and that in (my) (aur) apinian death accurred an the date						
ai must		and haur and fram the causes stated abave. (1) (We) (did) (We) view the bady after death. 23A. SIGNATURE Altending Med. Director Stoff Phys. 9/6/66						
Written approval	211	PHYSICIAM'S NAME (Type)	GERTNERM.D.	23D. ADDRESS				
5		REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	- 4		City, town, or county) (State)		
	BU 25A	RTAL 9-9-66 L DATE REC'D BY HEALTH DEPT. 25B. NAI	HILLCREST MEMOR	25C. FUNERAL DIRECTO	MERCER CO	OUNTY, PENNSYLVANIA		
\$	VS	150-REV. 1/1/6SEP 8 1956 P. P.	B. E. Farlowan	HOWARD H. HU	BBARD, 4107	WILKENS AVENUE 2122		



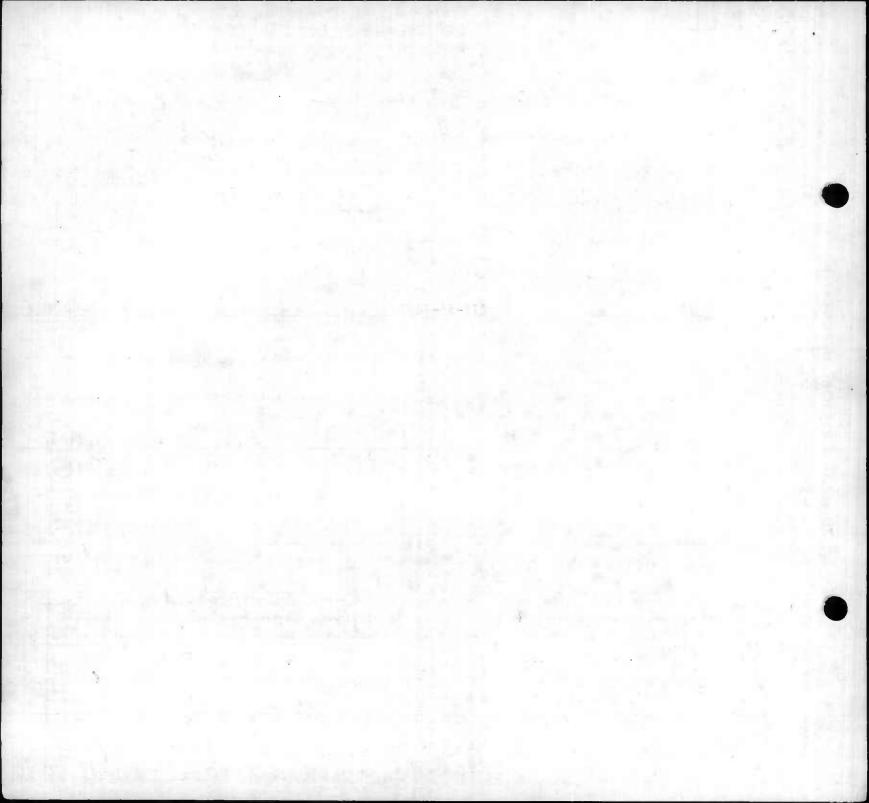


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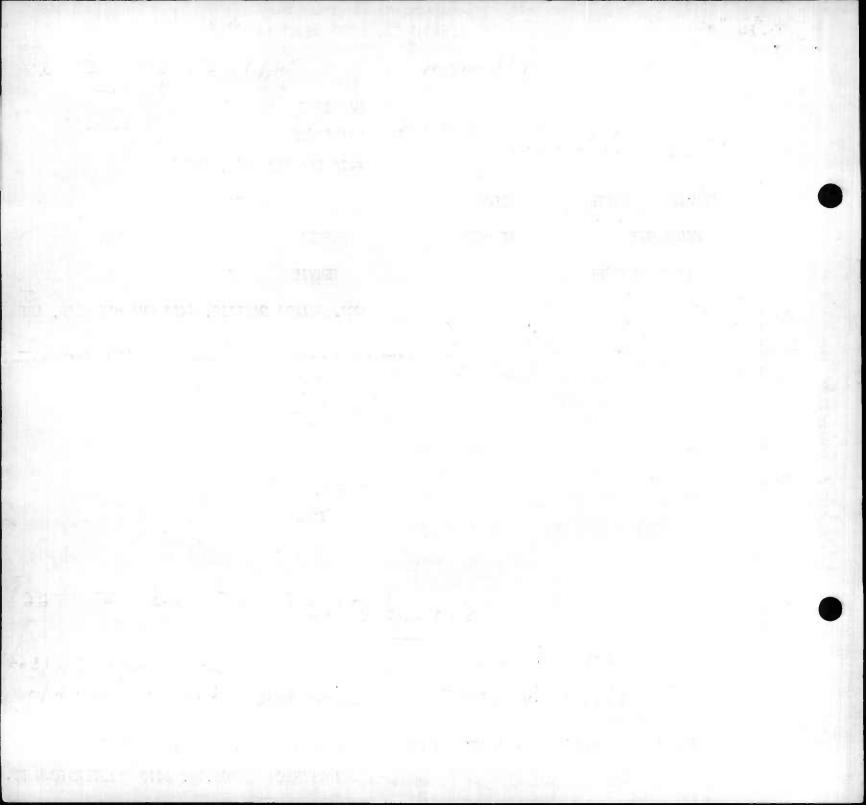
	BALTIMORE CITY	HEALTH DEPARTMEN	T	00 00020			
BIRTH NO. 66 U9U36 M.E. CASE NO.	CERTIFICA	TE OF DEATI		66 09036			
1. NAME OF DECEASED (Type or Print)	B. Hor	ourts Le	e and hour of death	11159 P. M.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL CESIDENCE (Where deceased lived. If in OUNTY	stitution: residence befare odmission)			
FULL NAME OF (If not in hospital ar institution, HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
BELVEDERE NURSING HOME		BALTIMORE D. STREET ADDRESS (If ruiol, give location)					
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yı, If Under 24 His.			
WIDOWEI	D, DIVORCED (specify) IGLE F BUSINESS OR INDUSTRY	OCT 10, 1893	10st birthday) 72 foreign country)	Months Days Hours Min.			
done during most of working life, even it retired)				WHAT COUNTRY?			
PRODUCE RET	TRED	BALTIMORE 14. MOTHERS MAIDEN	MARY LAND	USA			
JACOB HOROWITZ		MARY KLEI					
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	111111111111111111111111111111111111111	ADDRESS			
(Yes, na ar unknown) (If yes, give wor or doles of service)	213-32-2974	ND CAMIEI	COLOREDO 3303	LYNNE HAVEN DRIVE			
18. // 0 //	CAUSE 0		GULUBLING, 3323	INTERVAL BETWEEN			
DISEASE OF CONDITION DIRECTLY			6,7	ONSET AND DEATH			
LEADING TO DEATH	(A) Ca	idio Mes	equaty P	illene			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		we trix	Heart Te	iling			
	injury or complication which coused death,) ANTECEDENT CAUSES (B) (B) (B)						
	DUE TO COLOR OF THE COLOR OF TH						
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CONTRACTOR						
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	1N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
U 21 A. ACCIDENT WAS UNDERLYING [218	B. PLACE OF INJURY (e.g., in ne, form, factory, street, of)	or obout 21 C. WHERE DI	D (If in Boltimore	e City, give exoct location)			
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
(APPROX)	nile At Not While	e 🗌	^				
22. I certify that (1) (this haspitol) ottended the deceased from Feb. 13 19 55 ta 26 th 19 66.							
that (1) (we) last saw the deceased alive an							
ond hour and fram the couses stated abave. (1) (Wed that) (did not) view the body ofter deoth.							
23A. SIGNATURE Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED							
23C. PHYSICIAN'S NAME (Type)	GFTD M.D.	CO/Pa	K Hens	5 2.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Sta							
mariam as a second seco	LITIMRE HEBRETO		BALTIMORE, MA	RYLAND			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
SEP 8 1966 10 00 0	40 2 m	SOL LEVINS	ON & BROS. IN	C. 6010 REISTERSTOWN			
VS 150-REV. 1/1/65							



BIRTH NO. CERTIFICATE OF DEATH Registered No. 66 09037 Such Deceased of death hospital and M.E. CASE NO. 1. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) uo death. USUAL RESIDENCE (Where deceased DEATH tived. If Institution; residence before admission) ance COUNTY (2) COUSE FULL NAME OF (If not in hashita HOSPITAL OR oddiese as lecation C. CITY OR TOWN cause; attend 0 INSTITUTION contributing prior D. STREET ADDRESS (4) Undetermined regular is mad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Days 9. AGE (In-If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours BUSINESS OR INDUSTR 2. CITIZEN OF RIPTHPLACE (See foreign country WHAT COUNTRY? disposition death life, evan if retired) = Mas the 4. MOTHER'S MAIDEN NAME death uo 15. Was Deceased Ever in U. S. Armed Forces ADDRESS SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance 219-36-1037 NO any INTERVAL BETWEEN pronounced or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE mbal ar heart failure, asthenia, etc. It means the disease. injury ar camplication which coused deoth,) regul ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, 5 rise to the above cause (A) stating the physician UNDERLYING CONDITION Inst. remain Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 0 (2) Body 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 910 hospital °Z DEATH (natily medical examined etc.) nature; × × MEDIC obtained (Month) (Doy) 21 D. TIME (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While [While At (APPROX.) At Work Wash and the any 22. I certify that (I) (this hospital) attended the deceased from to 196 that (1) (we) lost sow the deceased olive on. ond that in (my) (our) opinion death accurred on the date death) of hospital was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Stoff 10 Director approval 0 23D. ADDRESS prior 23 C. PHYSICIAN'S to NAME (Type) An deceased written ap 24A. BURIAL CREMATION. shows: (1) NAME OF CEMETERY OF CREMATOR 24D. LOGATION (State) o the body REMOVAL (Specily) was D. OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



			BALTIMORE CITY	HEALTH DEPARTMENT	6	6 09038
		H NO. 66 U9U38	CERTIFICA	TE OF DEATH	Registered No.	0 00000
	1, N	AME OF DECEASED or Print) TO PO	moin	Sal	TO HOUR OF DEATH	166 5 0 M
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			re deceased tived. If in	nstitution: residence before admission)
	l H	ULL NAME OF (If not in hospital or institution)	-	MARYLAND C. CITY OR TOWN (If ou	itside city limits, write	RURAL and give township)
7	12	ENINDERTE HEBE	EN HOME	BALTIMORE		5300
6	6	and infigured			rurol, give locotion) ROAD, APT 2	E
555	5. S		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
2		MALE WHITE WI	DOW		76	
- 1		USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
nollisodsi n		HOUSEWIFE AT	HOME	RUSSIA		USA
3	13. [FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
2		HIRSCH BERKOFF		JENNIE	?	
	15. V (Yes	Nas Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2E
	N	10		MRS. SYLVIA D	ANTZIC. 4420	EVA MAY ROAD, APT
3		18. 15 / X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
5		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. 11.4		D. Shake	10 8000 -
namina		(This does not mean the mode of dying,		Sev doving	1,031112	10 yans -
0		hearl failure, osthenio, etc. It means the diser injury or complication which coused death.)	ose, he	mornade -1	+ 1	
5		ANTECEDENT CAUSES	(B) C	oranding of	Slomay	
		DISEASES OR CONDITIONS, if ony, give	ing ?	vapored -		
		rise to the above cause (A) sloting UNDERLYING CONDITION last.	lhe (C)			
remains		II				
	ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO	TING THE			
Tue	FICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
	RTIF	WAS PERFORMED		Yen	IN CERTIFYING CA	USES OF DEATH?
alored perior	CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factary, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact lacation)
5	03	21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	8	(APPROX.)	While At Not While Work At Work	е		
5		22. I certify that (I) (this hospital) attende	ed the deceased from	an. 27	1965 to Se	M. 5 19 66,
0		that (I) (we) last sow the deceased alive	on September	\$ 19 66 and th	hat in (my) (our) op	inian deoth occurred on the dote
		and hour and from the causes stated above	e. (I) (We) (did) (d id not) v	view the bady ofter death.		
must		23A. SIGNATURE Q xt	200		0. 11	SUM 5 1366
			M.D. Atte		Stoff Phys.	Supl. 5, 1366
5		23C. PHYSICIAM'S NAME (Type)	/mer	230. ADDRESS	Hebrew !	Home and Infirmer
approvai	24A	BURIAL CREMATION, 24B. DATE 240	M.D.			ity, tawn, ar county) (State)
		BURIAL (Specify)	HUTTEN HEDDEM	nouland A.	PALTIMARE	MADVI AND
written	25A	SURIAL 9/6/66 DATE REC'D BY HEALTH DEPT. 25B. NAM	UNITED HEBREW	25C. FUNERAL DIRECTO	BALTIMORE,	MARYLAND
\$		SEP 8 1966 A	0 1- 9 Fra One	//		6010 REISTERSTOWN RD.
	VS	150-REV. 1/1/65	1000	0 0 0	1.2	



IMPORTANT FUNERAL DIRECTOR:

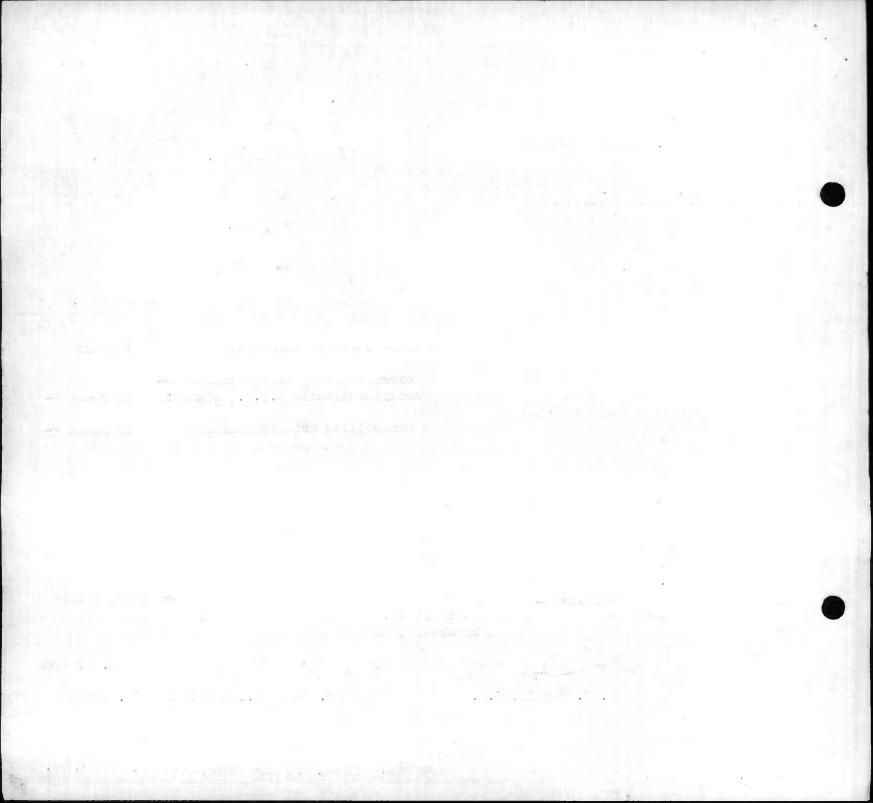
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

	TH NO. 66	3 09039		CERTIFICA	TE OF D	EATH R	egistered Na	66 09039
1.1	E CASE NO.	EASED				2. DATE AND H	OUR OF DEATH	
(Ту	pe or Print)	Lillie Oliv	re Doy:	le		Sept.	4, 1966	4:20 P.M.
	FULL NAME O	ATH IN BALTIMORE, MA		give street	4. USUAL RESID	DENCE (Where dec B. COUNTY	cosed lived. If inst	itution: residence before odmission)
	HOSPITAL OR	address or location	n)		c. CITY OR TO	wn (If outside timore	city limits, write RU	PAT and give township)
4	St.	Agnes Hospi	ital		2813 M		ve. Morr	ell Pk.
5.	F.	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) LOWED	B. DATE OF BIRT	lost !	SE (In years bidhdoy) 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY		(State or foreign co		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME		
	George	T. Inks			Alic	e E. Lay	man	
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT			ADDRESS
(16	no	intil yes, give wor or dole	S OF SERVICES	none	Mrs.Mar	y McCue,	2813 Mau	dlin Ave.
	1B. 14	A / I		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIE	RECTLY	Acute	coronary	thrombos	is	6 hours
	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) (A) DUE TO Coronary artery atherosclerosis						clerosis	
		ANTECEDENT CAUSES		(B) arter	iosclerot	ic C.V.D.	, class I	15 years +-
		OR CONDITIONS, if						
		e obove couse (A) G CONDITION last,	stoting the	(C)_Gene	ralized a	rterioscl	erosis	15 years +-
ATION	TO THE D	IFICANT CONDITIONS CONTINUES OF THE POT THE PO	TED TO TH	G HE				
ERTIFIC	19A. DATE OF	F OPERATION 19B. CON WAS PER		WHICH OPERATION	20 A. AUTOPS		CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF	216 hom etc	B. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or about 21 C. W office bldg., INJURY	HERE DID	(If in Boltimore	City, give exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeat)		INJURY OCCURRED	ile 🖂	YRULNI DID WC	OCCUR?	
	22 1 cartify	that (1) (thinx thousand to				10 (60 to	present time
					19 66			on death accurred an the date
				1) (Wex (Wax) (did not)			(my) seas opini	on death accorded an the date
	23A. SIGNATU		>					23B, DATE SIGNED
		WX-20	LCM	D M.D. At	tending A	Aed. Staff Phys		Sept. 6, 1966
	23C. PHYSICIA NAME (1	R. V. Ran	1		23D. ADDRESS	Paul St.,	Baltimore	, Md. 21218
24	REMOVAL (AME of CEMETERY or CI		24D. LOCAT		, town, or county) (State)
2.5	buria	Light plan. Plan.		lto.Nationa			timore M	
1231	A DATE RECT	LIBS-MEWFILL DENISE	MANAGE	OF REGISTRAR	25C. FUNERA	AL DIRECTOR		ADDRESS

Home, 1915 W. Balto. St. Fred A. Colp

VS 150-REV. 1/1/65



M.E. CASE NO.			
	EACED		2. DATE AND HOUR PRONOUNCED DEAD
Type or Print)			016166
D		Willie Robinso	
. PLACE IN BALI	IMORE MARILAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissi A. STATE B. COUNTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
			Baltimore
			D. STREET ADDRESS (If rurol, give locotion)
34 Pro	ovident Hospi	tal	631 W. Biddle St.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Have Adapted Days Have Da
male	colored	MIDOWED, DIVORCED (specify)	Dec 18-1911 lost birthdoys 54 Months Doys Hours Mi
		k TOB. KIND OF BUSINESS OR IND	
	vorking life, even if retired)		WHAT COUNTRY?
			Middle Sex Co. Va. U.S. A.
3. FATHER'S NAM	10		14. MOTHER'S MAIDEN NAME
tarra	KODINSUR	1	NTTY LOCKIEU
	O EVER IN U.S. ARMED		17. INFORMADIT ADDRESS
No.	Wi yes, give wor or dole	Old if A	comments He Polices 1314 R ldl
1B.		711-01- 20	AUSE OF DEATH AUSE OF DEATH INTERVAL BETWEE
44	3 X 1		ONSET AND DEAT
DISEA	SE OR CONDITION DI	RECTLY	wissel swatis and hymontongive condida-
(This does	not mean the mode of	dying e.g., BUE-10-	riosclerotic and hypertensive cardio-
heart foilure,	osthenio, etc. It meons	the disease,	vascular disease
	NTECENDENT CAUSE	(R)	
	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		
UNDERLYII	IG CONDITION LAST.		
Z		(C)	
OTHER SIG TO THE DISEASE O	II		
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE		
H DISEASE O	R CONDITION CAUSING		
	OPERATION 198, CON	IDITION FOR WHICH OPERATION	IN CENTEVING CALLEE OF DEATH?
0			
Z CO A EVERBALA	L CAUSE WAS		(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
O UNDERLYING			
O UNDERLYING	SE OF DEATH.	etc.)	
UNDERLYING		etc.)	RRED 21F. HOW DID INJURY OCCUR?

MEDIC

22. I certify that I held an Inquiry Ins

resulted fram: Natural causes X

Inspection Autopsy X

23C. NAME of CEMETERY or CREMATORY

Accident

and that an this basis, death in my opinian

Hamicide Undetermined manner

ACTUAL SIGNATURE WEYNES L. ST. M.D. Spitz, M.D.

016166

ASSOCIATE MEDICAL EXAMINER

9/6/66

(City, town, or county)

23A, BURIAL CREMATION, 23B, DATE 23C. NAME of C
REMOVAL (Specify)

9-10-66

MOUNT
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

Callary 24. FI

Suicide ___

A. A. Co,

ADDRESS

BY HEALTH DEPT.

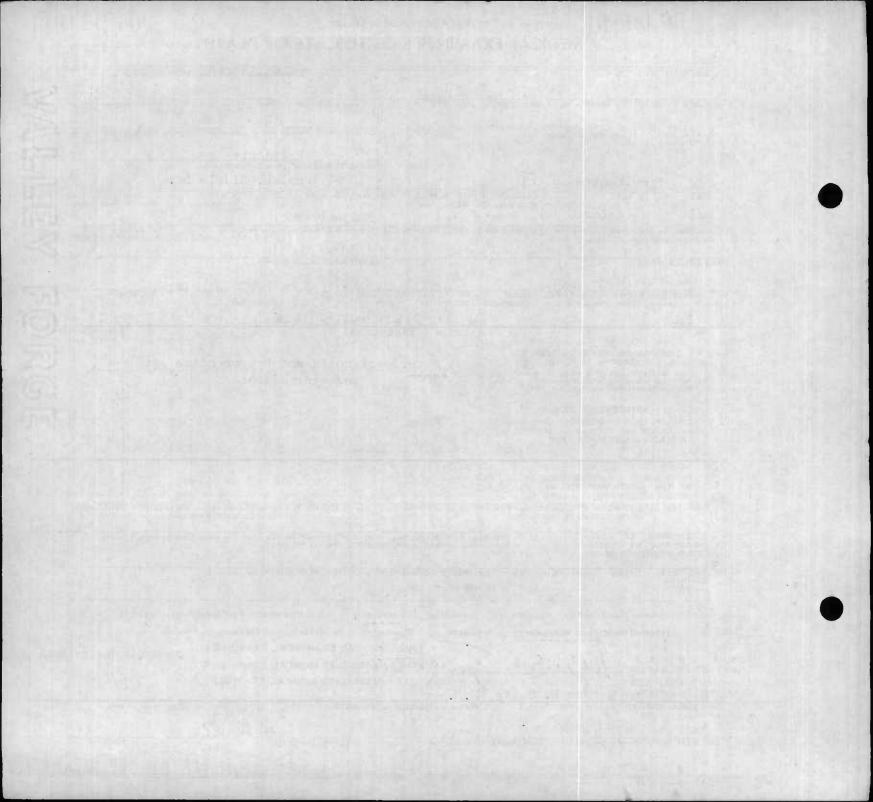
Marton & Duett F. H.

701 Laurens

(Stote)

DATE SIGNED

151-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Such

death.

on the

attendance

regular

death

pronounced

physician who

(except where the

No physician was

death);

was D.O.A. at a hospital deceased prior to

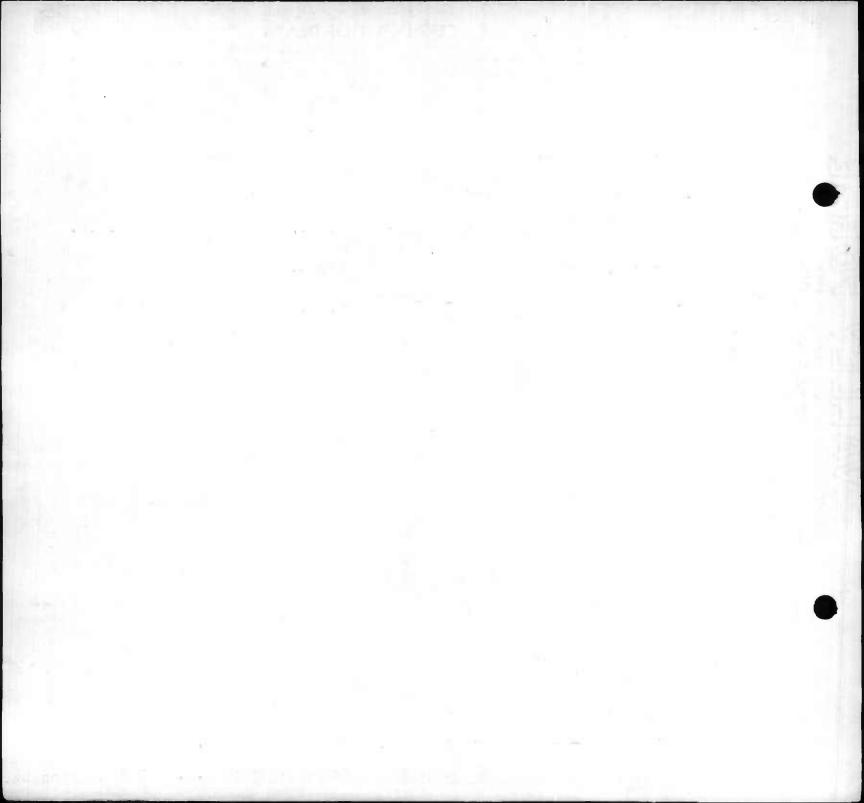
a hospital and

M.E. CASE NO.		2. DATE AND HOUR OF DEATH	
	ALLEN JONES	September 6,	
3. PLACE OF DEATH IN BALTIMOR	RE, MARYLAND ospitol or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY Maryland	institution: residence before admissio
HOSPITAL OR oddress or INSTITUTION	7	C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give location)	RURAL and give township)
00 2436 Eutawi I		2436 Eutaw Place t	
M. Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Ququst 26-1902 64	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind done during most of working life, even if re	of work 108. KIND OF BUSINESS OR INDUSTR (elired) Bethleham Steel	Balto., Maryland	12, CITIZEN OF WHAT COUNTRY? U.S.A.
Andrew A. Jon	es	Mary E. Allen	
5. Was Deceased Ever in U. S. Arm Yes, no or unknown) (If yes, give wor No.	ned Forces? 1 6. SOCIAL	17. INFORMANT	ADDRESS 86 Eutaw Place
heart failure, asthenia, etc. It	nde of dying, e.g., DUE TO means the disease,	ranoma of the Lun	
ANTECEDENT CA DISEASES OR CONDITIONS rise to the abave couse	means the disease, caused death.) AUSES (B) DUE TO S, if any, giving (A) stating the (C)		
injury or complication which of ANTECEDENT CA DISEASES OR CONDITIONS is to to the above couse UNDERLYING CONDITION to	means the disease, caused death.) AUSES (B) DUE TO S, if any, giving (A) stating the (C) DISIONS CONTRIBUTING TRELATED TO THE		
injury or complication which of ANTECEDENT CA DISEASES OR CONDITIONS is to to the above couse UNDERLYING CONDITION to	means the disease, caused death.) AUSES (B) DUE TO S, if any, giving (A) stating the (C) DISIONS CONTRIBUTING TRELATED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	
NOOLAND TO THE DEATH BUT NOT DISEASE OF CONDITION TO THE DEATH BUT NOT DISEASE OF CONDITION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUS	means the disease, caused death.) AUSES (B) DUE TO 5, if any, giving (A) stating the (C) DISTORMANCE (C) DONS CONTRIBUTING TRELATED TO THE STRING IT. B. CONDITION FOR WHICH OPERATION AS PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, home, form, foctory, street,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF C	means the disease, caused death.) AUSES (B) DUE TO DUE TO S, if any, giving (A) stating the (C) ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERATION (AS PERFORMED) YING OF (218, PLACE OF INJURY (*.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Baltimo office bldg., INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
OF CONTRIBUTING CAUSE OF INJURY 21. I certify that (1) (this had to the control of the control	means the disease, caused death.) AUSES (B) DUE TO 5, if any, giving (A) stating the (C) DIST. ONS CONTRIBUTING TO THE SING IT. B. CONDITION FOR WHICH OPERATION AS PERFORMED YING OF (Year) (Hour) 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Year) (Hour) 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? [Yes or No] 20B. IF YES, WERE IN CERTIFYING C. in or obout 21C. WHERE DID (If in Baltimo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ille 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) Ptember 2 1966

Sa Sa written appro 5 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION OF CREMATORY (City, lown, or county) Park Arbutus, Burial 9-8-66
25A. DATE REC'D BY HEALTH DEPT. 2: Maryland ADDRESS 6 Arbutus Mem Dyett F.H. Laurens

M.D

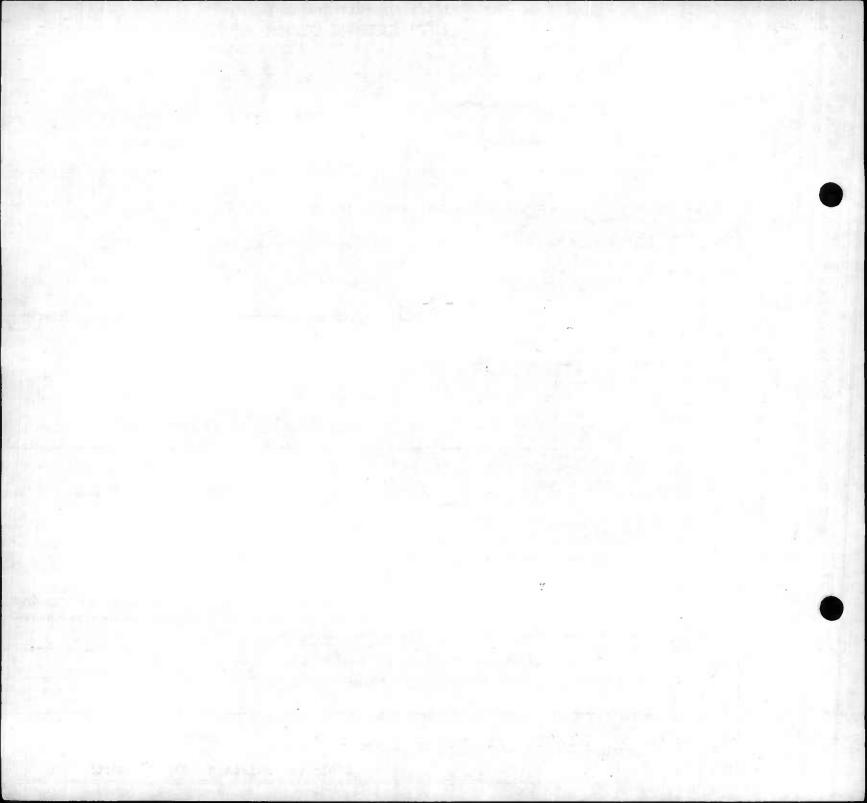
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FUNERAL DIRECTOR: IMPORTANT

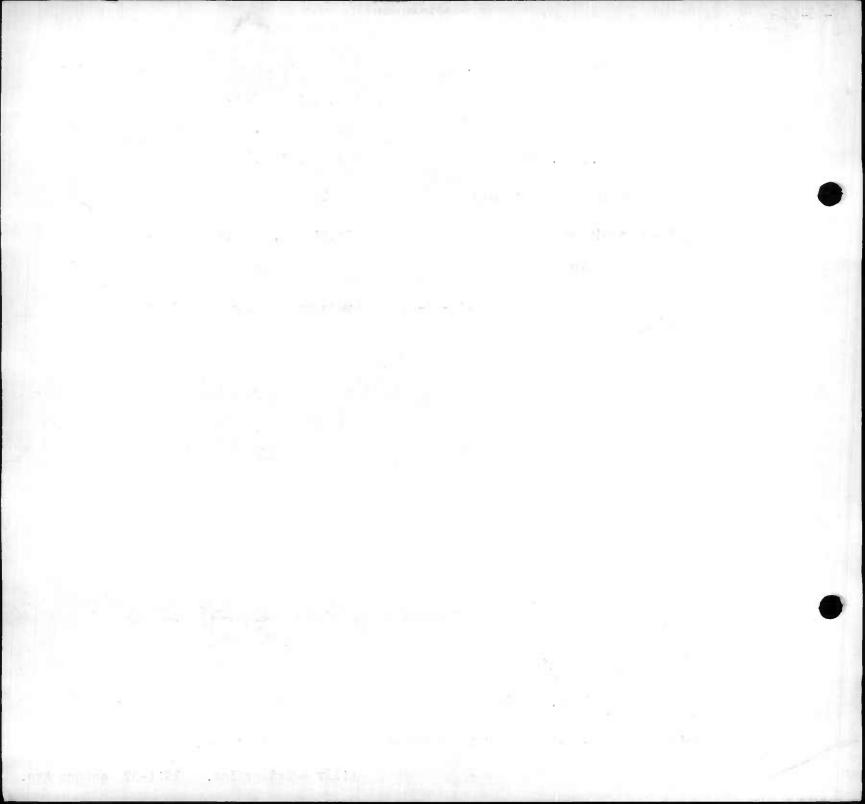
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1010 1.100.11		BALTIMORE CITY	HEALTH DEPARTMEN	NT		00 00040
BIRTH NO.	66 0904	2	CERTIFICA	TE OF DEAT	H Registe	ered No	66 09042
M.E. CASE NO.	TEA CED		CERTITION		TE AND HOUR O	F DOATH	
(Type or Print)	-	m 00	p =	2, DA			1 8:45 A.M
3. PLACE OF DE	JAMES ATH IN BALTIMORE MA			14. USUAL RESIDENCE	(Where deceased		tion: residence before admission)
				A. STATE B.	COUNTY	/	7/12
FULL NAME OF	OF (If not in haspital oddress or lacolio		give street	Mp.			100
INSTITUTION	oddress of Ideolio	117			(If outside city lim	nits, write RUR	AL and give tawnship)
	MERCY HO	SPITAL		D. STREET ADDRESS	(If rural, give la	ention)	
37						Δ	
5. SEX	6. RACE	7 AAADDIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	AVE.	Hadas 1 Va. 16 Hadas 24 Mas
M	N	WIDOWE	D, DIVORCED (specify)	12-23-1	0 lost birthday	years M	Under 1 Yr. If Under 24 Hrs. anths: Days Hours Min.
	UPATION (Give kind of wor working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)	1:	2. CITIZEN OF WHAT COUNTRY?
LABORE		=17		NORTH (CAROLIN	A	USA.
13. FATHER'S NA			t	14. MOTHER'S MAIDE	131.001.0		- 3.
LEVI	MOORE			ADA CH	HAMBER	S	
5. Was Deceased	Ever in U. S. Armed Fa	es of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
YES	1943- 7BP	ugedz	224-07-3700	Pt.			
18. Af 4.	3 XI	•	CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DIŠEA	SE OF CONDITION DI	RECTLY					VI
(This does	LEADING TO DEATH nat meen the made at	dvina e.a	(A)	SHOCK	****************		22 hrs.
heart failure,	asthenio, etc. It means	the discose,	DOETO				
	nplication which coused		(8)	UREMIA			4004
1 1 2 15	ANTECEDENT CAUSES		DUE TO				
rise to Ih	OR CONDITIONS, if e obave cause (A) G CONDITION lost.		(C) MAL	IBNANT NEPT	POSCL 5	21205	KNOW FOR 2 MAS
UNDERLIN	G CONDITION 18SI.						V
E TO THE D	IFICANT CONDITIONS (EATH BUT NOT REL.	ATED TO TH		45			
U 19A, DATE OF	CONDITION CAUSING		WHICH OPERATION		or No) 20B, IF Y	ES. WERE FIND	DINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED		YES	IN CERTI	TING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21A ACCIDE	NT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., i	n at about 21 C. WHERE I	DID (If	in Boltimore Ci	ty, give exact location)
& DEATH (notify	medical examiner	etc.	ne, farm, factory, street, a	thice bidg., INJURT OCC	U K?		
21 D. TIME	(Manth) (Day) (Year)	(Hour) 21 F	INJURY OCCURRED	21F. HOW DI	D INJURY OCCU	27	
S OF INJURY			nile At Not Whi		J C C C C		
(APPROX.)		Wo	ark				
22. I certify	thot (this hospita	l) attended t		9-1	19 66 1	99.	-6 1966
that ((we)	last sow the deceas	ed alive on	9-6	19 66	and that in my	(our) opinion	n deoth occurred on the date
ond hour an	d from the couses sto	ted obove.	(We) (did not)	view the body after de	eoth.		
23A. SIGNATI	Mad -	0.	0			23	B. DATE SIGNED
Lay	Marlin	12ama	M.D. Atl	ending Med. Director	Staff Phys.		9-6-66
28 PHYSTCIA	AN'S			23D. ADDRESS			,
NAME (1	уре/		M.D.				
24A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY of CR	EMATORY 12	24D. LOCATION	(City. 1	lawn, ar county) (State)
REMOVAL	Specify)				A A C.		
Burial	9/10/6		Calvary Ce	netry 25C. FUNERAL DIR	A A GO	unty Mo	
4	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIR	ECTOR	1204 1	ADDRESS Nowth h
	EP 8 1966 (P. Dec. B	E. Kitalingfill	Adolphus	Halstead	1206 V	North Ave
VS 150-REV. 1/1/	65	7	0 0 0	11 7 0 6	1		



FUNERAL DIRECTOR: IMPORTANT	47-16 VLB
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	al and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Such 1
the same of the sa	1

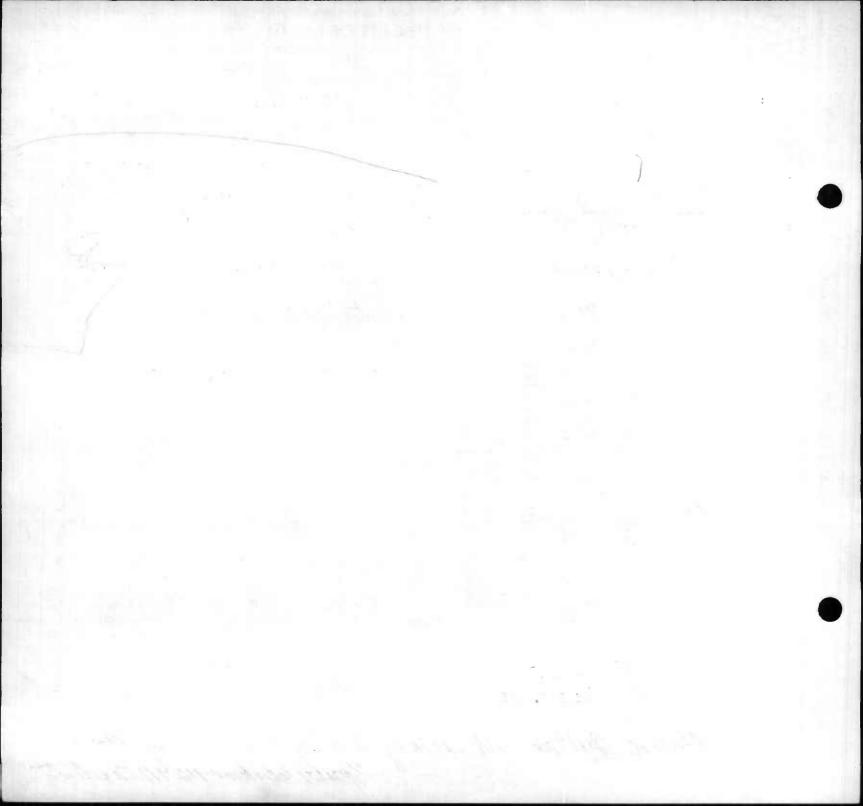
0	66 09043			HEALTH DEPARTMEN		LM	66 09043
MIRTH NO. M.E. CASE			CERTIFICA	TE OF DEAT	H Regi	stered No	00 000110
	F DECEASED	4 3 7073 ~~ 3 7773		2. DAT	AND HOUR		1 20 0
	GOETHER, CONST		Α.	14. USUAL RESIDENCE	Segle	nell K	166 12 20 PM
FULL NA		or institution,	give stieet	MARYLAND B. C	BALTI	MORE	Balto
HOSPITA INSTITUT			ITALS	C. CITY OR TOWN	If outside city	limits, write RU	RAL and give township)
	4940 EASTERN			D. STREET ADDRESS	(If rurol, give	locotion)	05-00
31	BALTO., MD.			924 ESSEX S	SQ.		
S. SEX	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (doyl	If Under 1 Yı. If Under 24 His Manths Days Haurs Min.
MALE DA. USUAL	OCCUPATION (Give kind of wor	Widow		12/28/83			12. CITIZEN OF
done during	mast of working lile, even if retired)		1.				WHAT COUNTRY?
Ret:	ired Machinest	<u> </u>		Baltimore,	Maryla	ınd	
	Unknown			Unkn			
5. Wos De Yes, no oi ui	ceased Ever in U. S. Armed Fo nknawn) IIf yes, give wor or date	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			216-03-4356	Lawrence Go	eller	328 Im]	la Street
18.	93 X I		CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OF CONDITION DI	RECTLY	2	10	0	. 1 -	- ? z day
(This	does not mean the made of	dying, e.g.,	DUE TO	jocaiaiai	Judo	ucein	
heart f	ailure, asthenia, etc. Il means ar complication which caused	the disease,		0 - 10	0		1
,,	ANTECEDENT CAUSES		IB) Ble	bacella p	grews	renua	- Jweeks
DISEA	SES OR CONDITIONS, if	ony, giving	DUE 10				
lise	to the above cause (A) RLYING CONDITION last.		(C)				••••
	11						
E to t	II SIGNIFICANT CONDITIONS (HE DEATH BUT NOT REL SE OR CONDITION CAUSING	ATED TO TH					
	ATE OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	IN CE	YES, WERE FII RTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF		PLACE OF INJURY (e.g., in the, form, factory, street, of the control of the contr	a obout 21 C. WHERE D fice bldg., INJURY OCCU	ID R?	(If in Boltimore	City, give exact location)
D 21 D. TI		(Houi) 21 E	. INJURY OCCURRED	21 F. HOW DIE	INJURY OC	CUR?	
OF INJ		W	nile At Not While				
22. 1.0	ertify that (1) (this hospita			12 august	19 66	to -7	Septembers 66
	(we) last sow the deceas		- 1.9	der 66 or			on death occurred on the do
	our and from the causes sta						
	GNATURE		-,(mg/(dig/ (did iidi/ v	Ten the body offer de	51116		23 B. DATE SIGNED
220.88	aniel D. J	ooti	Phy	ending Med. S. Director [23D. ADDRESS	Stoff Phys.	3	7 September 19
N/	DANIEL D.	FOOTE	M.D.		TERN AV	E. BALTO). MD. 21224
24A. BURIA	L CREMATION, 248. DATE	24C, N	AME of CEMETERY of CRI	EMATORY 24	D. LOCATION	(Ĉity,	, town, or county) (State)
Buria	9-10-1	966 1	Holy Redeemer		Baltimo	re, Mary	land
25A. DATE	REC'DSE HEALSH DEPLACE		OF REGISTRAR	25C. FUNERAL DIRE		10, 1101,	ADDRESS
	0 1300	Makrel	TE. Calloyan	Lilly & Ze	iler In	c. 190	1-07 Eastern Ave.
VS 150-REV	/, 1/1/65			7 17 9	2		



	66 09044	BALTIMORE CITY !	HEALTH DEPARTMENT		
	BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered Na	66 09044
	M.E. CASE NO. 1. NAME OF DECEASED	4 0		HOUR OF DEATH	
	(Type or Print)	Taulory	· Sent	tanker la 19	7/1 7-8A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	myw c	4. USUAL RESIDENCE Where A. STATE B COUNT	deceosed lived. If insti	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION		C. CITY OF TOWN (If outs	side city limits, write RU	RAL ond give township)
	00 , 80	2.	D. STREET ADDRESS All to	ellourol, give location)	
de.	2832 Elliett 4	reve	2832 Elli	reout Al	tese
ma	5. SEX 6. RACE 7. MARRIED, NE WIDOWED, E	EVER MARRIED DIVORCED (specify)	a. DATE OF BIRTH 9	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
on is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Bodone during most of working life, even if refired)	ISTNESS OR INDUSTRY	BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
sitie	13. FATHER'S NAME		BALLIMITEL 14. MOTHER'S MAIDEN NAM	, Md.	
ispositio	The Balle	ľ	Maximus	1 7	and
P	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dages of service)	SOCIAL SECURITY NO.	17. INFORMANT	, ,	ADDRESS
fina	The World Wast	SECONIII NO.	Jeseie Ta	you 28	32 Ellert In
0	18. 4 45 X 14-260 X	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
ped	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) He,	mipares1	15	111712.66
balm	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	DUETO	0		
em	ANTECEDENT CAUSES	(B))+ 7p	catensi	ve A.S	<i>a</i>
Fe	DISEASES OR CONDITIONS, if ony, giving	2001300	a 2010 - VC	rsculue	1956
ns a	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	ONSCOSC	K	1402
mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 / 1	111	T	
e rem	TO THE DEATH CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yrabet.	es mellit		1949
e the	198. Date of Operation 198. Condition for wh	1	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
befor	U 21A. ACCIDENT WAS UNDERLYING	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)
ned	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
. 0	(APPROX) While Work	At Not While At Work			14h
obt	22. I certify that (I) (this hospital) attended the		1949		<u>-6</u> 19 66.
pe	that (4) (we) lest saw the deceased alive an			ıt în(my) (aur) apîni	an death accurred an the date
US	and have and from the causes stated above. (1) ((did nat) vii	ew the bady after death.	2	3B. DATE SIGNED
=	1 Cut Russiano	M.D. Atten	Med. Director	Stoff Phys.	9/8/66
approval	23C. PHYSICIAN'S NAME (Type) 1500 FAS	T MADISON 6	DADDRESS		1101
pp	BALTIMO	T MADISON S	or.		
	24A. BURIAL CREMATION, 24B. DATE	4. Mart	24D. LC	CATION (City,	town, or county) (Stote)
written	28A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF	DIFULL, CO	25C. FUNERAL DIRECTOR	DUI INCALL	ADDRESS
₹	4000100	De Frolly MA.	Josell 1. E	leeken /	29 M. Custino St
	VS 150-REV. 1/1/87 8 300	2	193 11 6 6		

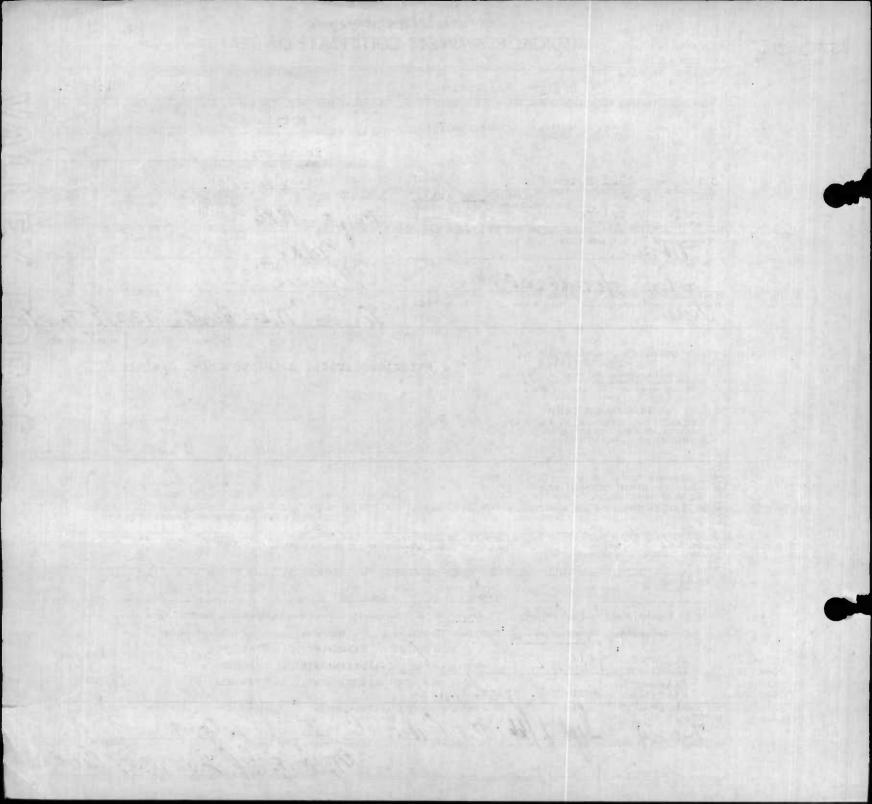
Hempress II ... Atpentensive A.S. 2000000 Diobetes mellites Total governor to + 64

A COLOR	Y HEALTH DEPARTMENT					
BIRTH NO. 66 09045 CERTIFICA	ATE OF DEATH Registered No. 66 09045					
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH 91466 5:30 P. M					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)					
	A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR address or location)	C. CITY OR JOWN (II outside city limits, write RURAL and give township)					
INSTITUTION	Baltemere.					
Mortevelle State Hopital	D. STREET ADDRESS (III rurol, give locotion)					
191	3309 Bloomingdole KId.					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In (Yeors II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	1)1. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Dameslee	Vergenea les.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
lexenoun	lenknown					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
Centinoun	Herhot recessor					
18.330 XI CAUSE C	DF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., DUE TO	glased orearym, 6 ments					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Replicated Orecury, Constitution (A) DUE TO (A) Replicated Orecury, Constitution (A) DUE TO (A) Replicated Orecury, Constitution (A) Purplicated Orecu						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if any, giving						
rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.						
II II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., 12)	[20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
	in or obout 21 C, WHERE DID (II in Boltimore City, give exact lacotion)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Since olog., INJURY OCCUR?					
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INILIPY OCCUPRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Not Whi Work At Work						
22. I certify that (I) (this hospital) attended the deceased from	11.1.0					
that (1) (we) lost saw the deceased alive on 9/4/66	and that in(my) (our) opinion death occurred an the dat					
and hour and from the couses stoted obove. (1) (We) (did) (did not)						
23A. SIGNATURE	23B. DATE SIGNED					
Rance I Day M.D. Att	Plending Med. Staff. Phys. 9/4/66					
23C. PHYSICIAN'S NAME (Type) Daniel G. Lai M.D.	23D. ADDRESS					
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City, town, or county) (State)					
REMOVAL (Specify)	Compleme A. A. Causal, med.					
25A. DATE RECIDITY HEALTH OFFT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS					
DET O 1300 Of Least & Market Man	Joseph Elixen 1/297. Caroling					
VS 150-REV. 1/1/65	9:33					

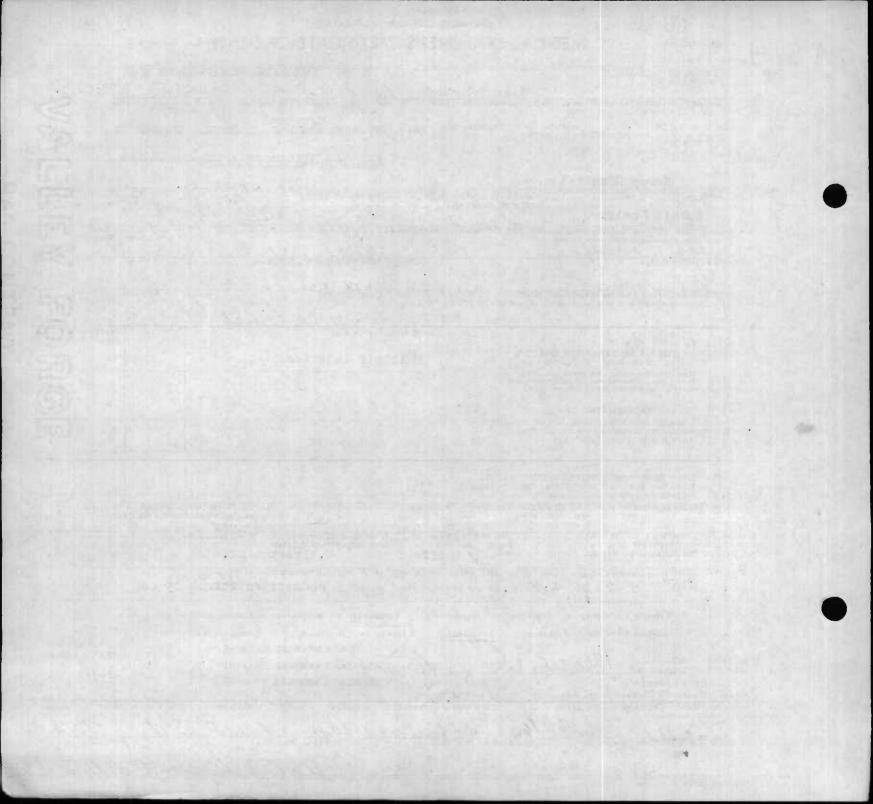


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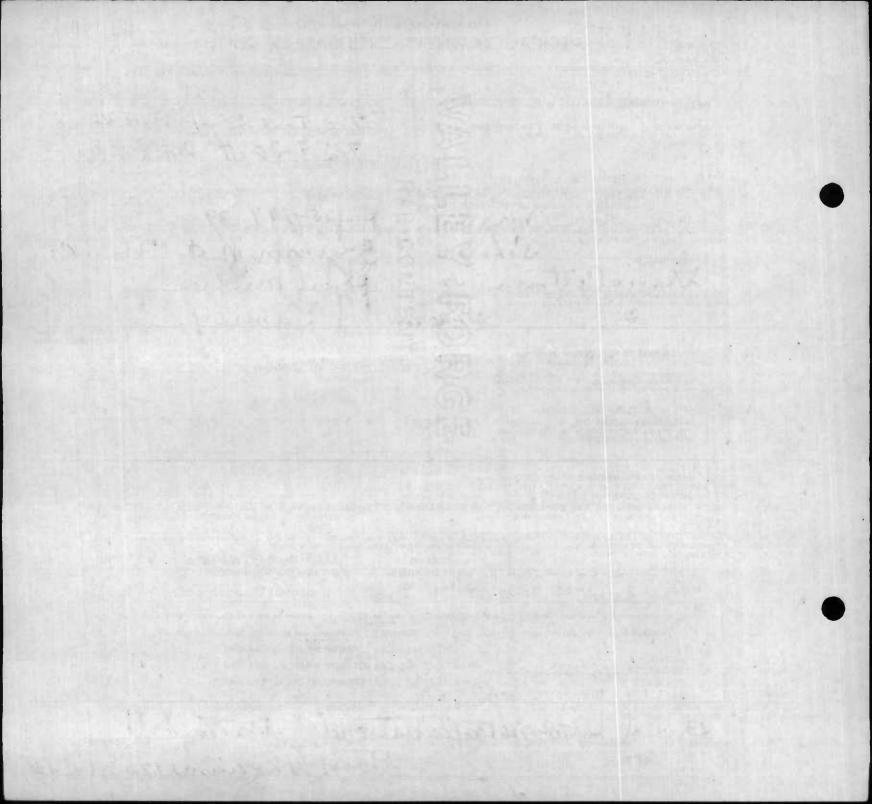
BIRTH NO.		MEDI	CAL EX	(AMINER'S	CERTIF	ICATE OF D	DEATH Registe	red No
M.E. CASE NO.								
1. NAME OF DE	CEASED	Evel	yn Hen	derson		2. DATE AND	HOUR PRONOUNCE	
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT I		AL OR INSTITU	JNCED DEAD	A. STAT	Maryla	nd B. COU	RURAL ond give township)
00	1321 1	Eutaw	P1.		D. STRE	ET ADDRESS (If rural,		
5. SEX	6. RACE	Jacaw		NEVER MARRIED	R DATE	1321 Eu	O AGE /In Mage	If Under 1 Yr. If Under 24 Hrs.
female	color	ced	WIDOWED,	DIVORCED (specify)	me	12, 1886	lost birthdoy)	Months Doys Hours Min.
done during post of			108 KIND OI	BUSINESS OR INDUSTI	RY TI. BIRT	PLACE/(Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	AE /				14. MQT	JER'S MAIDEN NAME		
Jefer	1) 1/10	ude	1001	N	1	Besse	>	
Yes no or unknown				16. SOCIAL SECURITY NO.	17. INFO	MANT	/ ,	ADDRESS
Ogno					Um	ma) Mar	1) Hunter	13.2/ Wilow De
DISEASES RISE TO TH UNDERLYII	MPICONION WHICH	T CAUSE ONS, IF A USE (A) ST ON LAST.	S NY, GIVING TATING THE					
DISEASE OF	CONDITION OPERATION	198. CON	DITION FOR	WHICH OPERATION	20A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
0		WAS PER	OKMED			no	IN CERTIFYING CAUS	SES OF BEATH!
O UNDERLYING	CAUSE WA OR CONTRIB ISE OF DEATH		21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	, in or obou office bldg	121C. WHERE DID (If in Boltimore City, give	ve exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor	V	WHILE AT NOT	WHILE	21 F. HOW DID INJU	RY OCCUR?	
	URE	Um	sh	Suici	CI D. ASSIST		AMINER 🔀	
23A. BURIAL CRE REMOVAL (Specif DEMA 24A. DATE REC'D	MATION, 23E	Sept 7		mt aulu	two Ci	metry (DESTRACT	town, or county) (Stote) ADDRESS
ÇF		U Des A	0 0 0	La Cares	1	Willon & a	Elikan,	11297. Carlos



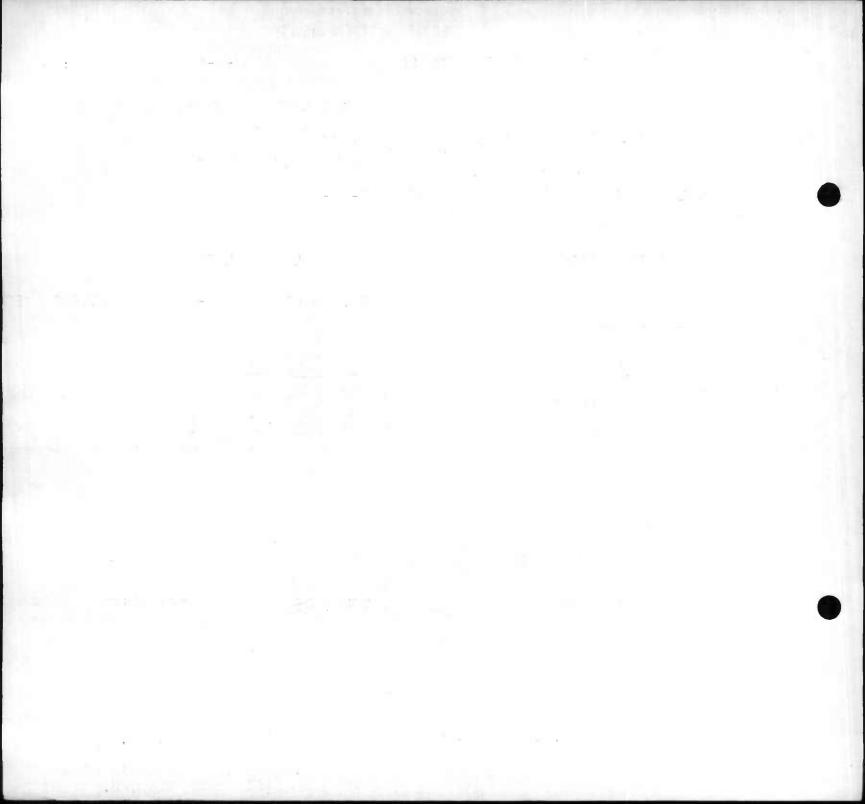
66 09047 BALTIMORE CITY HEALTH	H DEPARTMENT 66 09047
BIRTH NO. MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	P. DATE AND HOUR PRONOUNCED DEAD
Ella Marbel	MUNIC) 9/2/66 6:00 p. M. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	D. STREET ADDRESS (Il rurol, give locotion)
Mercy Hospital	1229 E. Eager St. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
female colored 7. MARRIED, NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	1. BIRTHPLAGE (Stole or Wreigh country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
Ch endison	and the state of t
TWAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (if yes, give wor or doles of service) SECURITY NO.	JAPORMANT ADDRESS
, , , , , , , , , , , , , , , , , , , ,	James Marabel 6/3 6. ChaseSt
IB. E / A . H I CAUSE'S	DE DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ole injuries
(This does not mean the mode of dying, e.g., OUE TO	TE INJULIES
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Ď	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in home, form, foctory, street, offi-	or obout 21C. WHERE DID (If in Boltimore City, give exact location) ce bldg, INJURY OCCUR?
UTING CAUSE OF DEATH. efc.) street	W. Preston St.
OF INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.) 9 2 66 4:20 P. WHILE AT NOT WE AT WOL	pedestrian struck by car
22. I certify that I held an Inquiry Inspection Autor	psy ond that an this basis, death in my apinion
resulted fram: Notural causes Accident X Suicide	
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MENLY M.D.	ASSISTANT MEDICAL EXAMINER 🍱
The little of th	ASSOCIATE MEDICAL EXAMINER 9/3/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
LAA. DATE REC'D BY HEALTH DEPT. 24R, NAME OF REGISTRAR	Will Clistport and Address
1000 A C & O ZAD WA	By. F. & hiha 1130 M. P.
VS 151-REV. 1/1/65	1 10 lake 1, W recount 11 = 111. Metters of



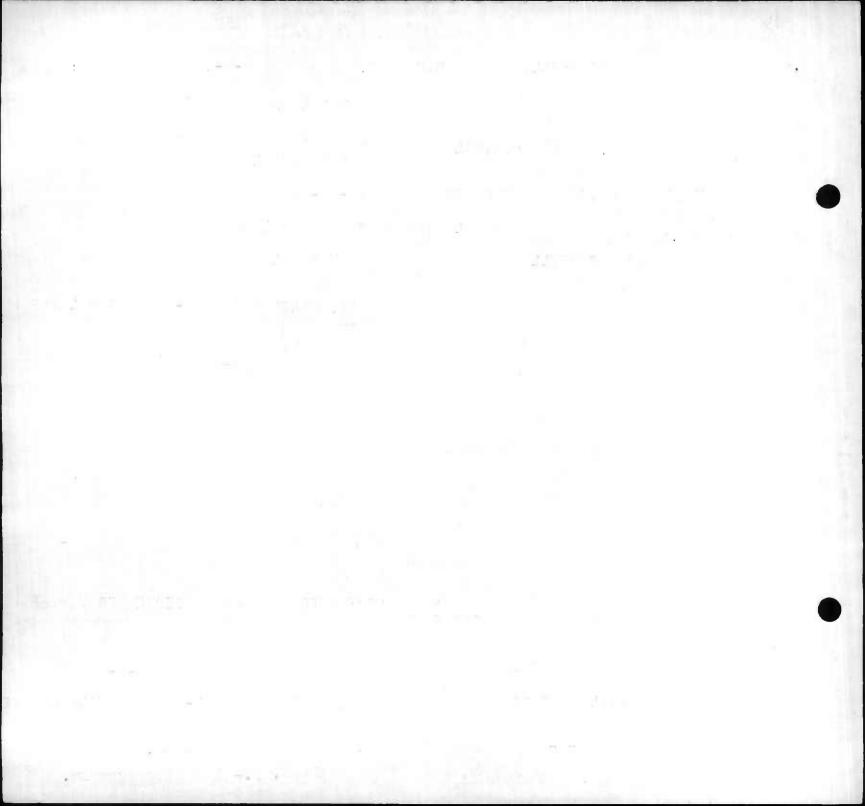
1	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT 66 09048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
C 355	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	Travis Cottman 9/3/66 5:40 a.
	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss
	A. STATE 2 5 420 L. COUNTY 18
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OF TOWN (If outside corporate limits, write RURAL and give to was hip)
	INSTITUTION 7/2 20 AT Dath Trades
	D. STREET ADDRESS (If rurol, give location)
	Provident Hospital
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 WIDOWED, DIVORCED (specify) lost birthday Months, Days, Hours, M
	15/09/7/30
	male colored may be a supported the support of the
	done during most of working life, even if retired)
	13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	M OH
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. NEORMANT ADDRESS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	2 217-20-8890 Lamily
	18. CAUSE OF DEATH / INTERVAL BETWE
	ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gunshot wound of head
	I I linis does not mean the mode of dying, e.g., DIE TO
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	Z (C)
	OFF SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ves ves
	Z1A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
	DUNDERLYING™OR CONTRIB- UTING □ CAUSE OF DEATH. Control of the bidg. INJURY OCCUR?
	2 21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	OF INJURY 9 3 66 3:45a WHILE AT NOT WHILE X shot while attempting to burglarize
	22.
	1 certify that i held on inquiry inspection Autopsy X and that on this basis, death in my opinion
	resulted from:, Notural couses Accident Suicide Homicide X Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X
	SIGNATURE / W.D. ASSISTANT MEDICAL EXAMINER 9/3/66
	NAME (Type) Werner U. Spitz, M.D.
	23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City town, or county) (Stotel
	REMOVAL (Specify) 0 1 late 1911 2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
	24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR 124C, FUNERAL DIRECTOR ADDRESS
	and he at the man to the same
	SEP 8 1966 Poles Tater Williams 1701 h Cond
	VS 151-REV. 1/1/65



	64-13209		BALTIMORE CITY	HEALTH DEPARTMENT		66 09049
BIRTH NO.	6 09049		CERTIFICA	TE OF DEATH	Registered Na.	00 00010
M.E. CASE NO. 1. NAME OF DI (Type or Print)	POCH,	JOSE	PH EDWARD	2. DATE	AND HOUR OF DEATH	6:204
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W		institution: residence before admission
FULL NAME HOSPITAL OI	OF (If not in hospital R address or location	or institution, n)	give street	MARYLAND c. city or town (If	HOWARD outside city limits, write	RURAL ond give township)
	ST. AGNES H	OSPITA	L		CITY	
40				TRIADELPH	(If rurol, give location)	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
MALE	WHITE	NEVE	R MARRIED	5-14-64	lost birthdoy)	Months Doys Hours Min,
	of working life, even if retired)	IOB, KIND OF	- ROZINEZZ OK INDOZIKA	11. BIRTHPLACE (Slote or for MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS N.	OSEPH POCH			14. MOTHER'S MAIDEN N	GILBERT	
	ed Ever in U. S. Armed For wn) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				ST. AGNES R	RECORDS-CAT	TON & WILKENS AL
1B.	1.31		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIS	RECTLY	1:1	1 23	0	
(This does	not mean the mode of	dvina. e.a	DUE TO	minal) Tor	onchopnei	imma /erminal)
heort foilur	e, osthenio, etc. It meons omplication which caused	the diseose,		PP		
injury or c	ANTECEDENT CAUSES		Balter	ite Leuk	enua	aug 25 - Sept. 71
DICEACEC			DUE TO		9m 9 V 2 9 m 9 m n m o	
rise to	OR CONDITIONS, if the obove couse (A) NG CONDITION tost.		Sen	ere Pseu a	lomonas	Que 25 Sept 4/1
E TO THE	III SNIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? IYes or	No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF lify medical examiner	21B hom etc.	ne, form, foctory, street, of	or obout 21 C/WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct focotion)
21D. TIME	(Month) (Doy) (Year)	IHour) 21E	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
E IAPPROX.)		Wh	ile At Not While			
22. 1 certi	fy that (1) (this hospital) attended t	he deceased from	ALIGHST 25	19 66 to CE	EPTEMBER 7 19 66
that (I) (w	e) lost saw the decease	d alive an	SEPTEMBER	7 19 66 ond	that in (my) (our) or	plnian death accurred an the de
ond haur o	and from the causes stat	ted obave. (I) (We) (did) (did nat) v	iew the bady after deat	h.	
23A. SIGNA						23 B, DATE SIGNED
Pos	a (Para	elan	M.D. Atte	ending Med. Director	Staff Phys.	Jest 7 1966
23C. PHYSIC NAME	IANS			23D. ADDRESS		- Vy
HAME	, por		M.D.			
24A. BURIAL C		24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
Buria	Sept.9	,1966	St.Louis		Clarksville	e, Md.
25A. DATE REC	'D BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERAL DIRECT		ADDRESS
	SEP 8 1966	Robert	E. StarbayAM	Harry H.Wit	zke,321 C	olumbia Pike
VS 150-REV. 1/				19 0 5	Ellicott (City, Md.



	BALTIMORE CITY	HEALTH DEPARTMENT		66 09050
BIRTH NO. 66 09050	CERTIFICA	TE OF DEATH	Registered Na.	00 00000
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE A	NO HOUR OF DEATH	
Type or Print) SAFFELL,	NORMAN	G.	9-7-66	2:50A M.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	NORMAIN		W 1	itution: residence before, odmission)
FULL NAME OF (If not in hospital or institution,	give street	MARYLAND	N TY	Balto
HOSPITAL OR oddress or location) INSTITUTION			otside city limits, write RU	IRAL ond give township)
ST. AGNES HOSPI	TAL	D. STREET ADDRESS (III	rurol, give location)	
5. SEX [6. RACE]7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	RIED (specify)	12-12-07	58	
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
Steelworker	EEL INDUST	RY MARYL	AND	USA
Steelworker 3. FATHERS NAME JOHN SAFFELL		14. MOTHERS MAIDEN NA MARY KLA		USA
			- 11	
5. Was Deceased Ever in U. S. Anned Farces? (Yes, no or unknown) (Iff yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	214 03 2662	ST. AGNES	RECORDS -CA	TON & WILKENS
18. 420, 11	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	Λ		- 1	
LEADING TO DEATH	(A) WY	cardial Julano	Fim, Dufou	in
(This daes nat meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury at camplication which coused death.)	DUE TO (cardial Inface	cute 1	g o y n 0 - 0 digry y digry n y dire y n n n gyryddid a ninhadd bellia di did did did did did did did did did
	(D)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise to the obove couse (A) stoting the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G E			
194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
0	INJURY OCCURRED	235 Haw 215 IN	IIIDH O COIID	
OF INJURY	ile At Not While	27 F. HOW DID IN	JORY OCCUR?	
		EDITEMPED (10 // CFF	TEMPER 7 66
22. I certify that (!) (this hospital) attended t				
that (I) (we) last saw the deceosed olive an	SEPTEMBER /	1966 ond t	hat in(my) (our) apini	on death accurred an the dat
and hour and fram the causes stated above. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
Muleut	- M.D. Atte	nding Med.	Stoff Phy s.	9-7-66
22C PHYSICIANES	Phy	s. Director 23D. ADDRESS	Phys. Z	3-7-00
PAME (Type) EWALDO WEISS	M.D.		OSPITAL-CAT	ON & WILKENS A
24A. BURIAL CREMATION, 24B. DATE 24C.NA	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	, town, or county) (State)
Burial 9-9-66	Tolsowi our O	- Ma	7.4.2	
	Lakeview Co	PM. BO	Itimore, II	ADDRESS
1000 0 0	& Starley MA			
	C. 100	Trongla.	P4101 Edm	lonason Av.
VS 150-REV. 1/1/65	of Aller	i of the wife the		



VS 150-REV. 1/1/65

HRTH NO.	66 0905	1		TE OF DEA	_ \	ered No	66 09051
NAME OF DECEAS	ITH Ame	lia	UPPERCO	1 &	DATE AND HOUR O		+7,1966
FULL NAME OF	(If not in hospital address or location	ar institution, g	ive street	A. STATE Maryland	B. COUNTY d Baltim	ore	itution: residence before admission Jean Strate (1988)
HOUSE 90 183	of the Pin 7 Bulain	es Be- Rel Be	lain Ito 6 mil	Overlea D. STREET ADDRES	Hills (If rural, give le	ocation)	6
Female 6.1	White	WIDOWED	NEVER MARRIED , DIVORCED (specily) dowed	8. DATE OF BIRTH 287eb/	9. AGE (In last birthdoy	88	If Under 1 Yr. II Under 24 H Manths Doys Hours Min.
6A. USUAL OCCUPA lone during most of work Housewij	ing life, even il retired)	108, KIND OF	BUSINESS OR INDUSTRY		te or foreign country)		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		_	-	14. MOTHER'S MAI			
John	Jacob	Fa	upel	Amelia	a Chris	tina	Klees
5. Was Deceased Ev. Yes, no or unknown) (II NO	er in U. S. Armed For yes, give wor or dote None	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Grac	ce Cunningh	am 51'	ADDRESS 7 Wilton Avenue
DISEASES OR rise to the CUNDERLYING C	henio, etc. II meons tolion which coused rECEDENT CAUSES CONDITIONS, if boove couse (A). ONDITION lost.	deoth.) ony, giving sloling lhe	(C)				
DISEASE OR CO	H BUT NOT RELANDITION CAUSING	IT. IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF Y	ES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING CAUSE OF	218.	PLACE OF INJURY (e.g., i e, larm, foctory, street, a	n or about 21C. WHER	E DID (If		City, give exact location)
21D. TIME (NO FINJURY (APPROX.)	lonth) (Day) (Year)		INJURY OCCURRED Nat While At Work		DID INJURY OCCL	IR?	
that (I) (la	st saw the decease	ed alive an	e deceased fram	1966	and that in (my)		ian death accurred an the d
23A. SIGNATURE	ne. Hy	le	Phy	mding Med. S. Direc	tor Stoff Phys.		9-7-66
NAME (Type		1. 1741	M.D.	7527	Below	Rd F	But 36 mg
24A. BURIAL CREMA	TION, 24B, DATE	1	ME al CEMETERY al CRI		24D. LOCATION		, town, or county) (State



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

66 U9052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

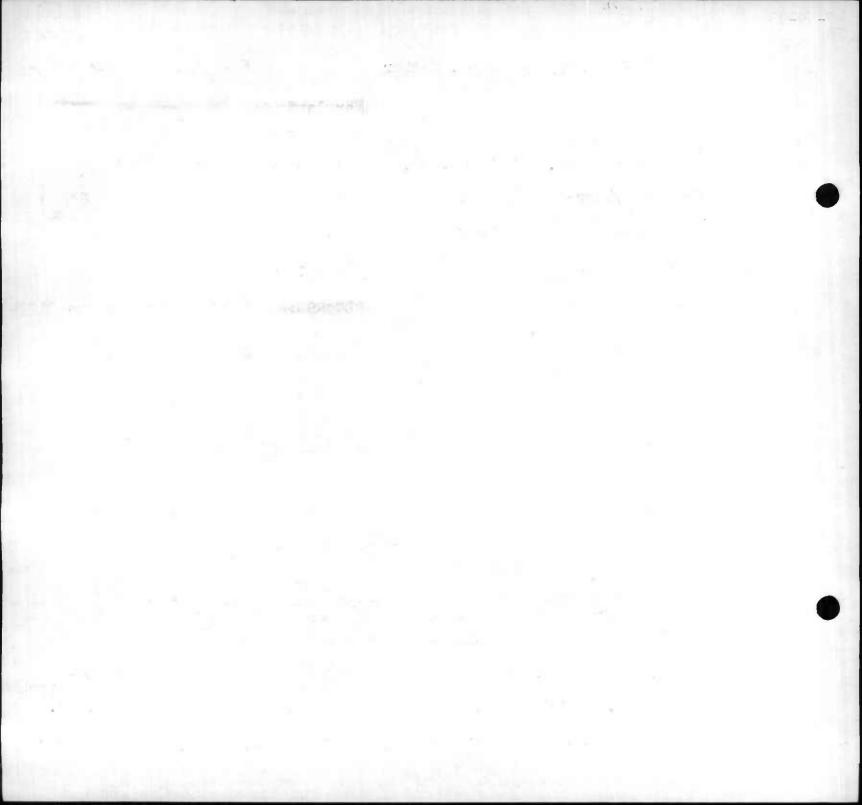
Registered 1	No. 66	09052
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	TE OF DEATH	
I. NAME OF DECEASED	2. DATE AND HOUR OF CEATH	
(Type or Print) Lida Helen Bright	97166	9:20 Am.
3. PLACE OF OEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instill A. STATE B. COUNTY	ution: residence before odmission)
FILL NAME OF the notice begains as institution one stock	Mayfland	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RU	PAL ord give township)
INSTITUTION	Bastinaco	1-10
Moryland Oen. Hasp.	D. STREET ADDRESS (If rurol, give location)	
Trough and Seed of the	2211 W. Troces Ave	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
WIDOWED, DIVORCEO (specify)	3680 lost birthdoy)	Aonths Ooys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working tite, even if retired)	Mayland	WHAT COUNTRY?
Housewife		0,0.11 ·
13. FATHER'S NAME	Dan Ol	
W. McCullon Butts.	may sewellyn	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service).	17. INFORMAN	ADDRESS
NO Such.	Hamital Chair	
	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Almua	Hayr.
(This does not meon the mode of dying, e.g.		The state of the s
Injury of complication which coused dealn.!	(COLLANDALIC	Holast
ANTECEDENT CAUSES (B) OUE TO	V ewnowa	1 days
DISEASES OR CONDITIONS, if ony, giving	to the Colores	Cocula
underlying condition lost.	Vacquette Commen	()
SASSEMENTO CONTINUE IOSE	The second of the second	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINE	1 1. 1 -+ 1.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	uscleratic heart de	sear .
U 194. OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	
194. OATE OF OPERATION WAS PERFORMED WAS PERFORMED	1 00 IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore C	City, give exact tocation)
▼ DEATH (notify medical examiner)	120 11 Day A	27-15
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	2
	ile a a a a	
1 3 1 10 6 PM; WORK AT WORK	1 00	- 1
22. I certify that (I) (this hospital) attended the deceased fram		7//1966.
that (1) (we) last sow the deceased alive on 7/7		an deoth accurred on the dote
ond hour and from the couses stated obave (We) (did) (did not)		
23A. SIGNATURE		3B. DATE SIGNEO
//eles. Maa / humays M.O. At	tending Med. Stoff Phys.	9/7/66.
V3C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
M.D.		
24A. BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY or CR	REMATORY 24D. LOCATION (City,	town, or county) (Stote)
Burial 9/10/1966 Loudon Park Ce		2
Burial 9/10/1966 Loudon Park Ce	Baltimore, Mary	1and
SEP 8 1966 Roberto & Farlown	Wm. 1. 1 colmen & Sons 200	ullo.mg.
O TOO I Was Co Co Too too full	Win I come Long he	The LP a over.

Tund Heren Bugut 20 116 Mountond aronter ET Conflored Som Hough SUA USJOST W 1166 3/6/80 F widowid Meyeland - ABU Hermanife w medicate Buth medication w Trado patignatt 00 the age in amon told Premorana Froston Demin J. 133 20001 Anne Heart W 1166 Meth mount 93 12 16 ENE SOLVELL Riturs Man Numayo 33/4/6

4. USUAL RESIDENCE | Where deceased lived. II institution: residence before admission)
A. STATE
B. COUNTY III oviside city timits, write BURAL one give townshi LANE 21216 9. AGE (In years II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 23 12. CITIZEN OF WHAT COUNTRY? VEANNET ADDRESS RECORDS: BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? I'Ves or No. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that in (my) (our) opinion death accurred on the date the body was released shows: (1) An accident 23B. DATE SIGNED approval ō 23C. PHYSICIAN'S NAME | Type 23D. ADDRESS prior 21224 aţ Daniel Patterson 4940 Eastern Avenue Baltimore, M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY of CREMATORY Cremation Baltimore City Hospitals Baltimore, Maryland
258. NAME OF REGISTRAR 256. FUNERAL DIRECTOR 9-1-66 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

10:45



BALTIMORE CITY HEALTH DEPARTMEN

BIRTH NO. 66 09054		TE OF DEATH Registered No.	66 U9U54 X
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print)	Law BABY GIF	2. DATE AND HOUR OF DEATH	/2:/5 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If ins	1910
FULL NAME OF (II not in haspital or institut	ion alve thest	MARYLAND	
HOSPITAL OR address or lacotion) 4940 EASTERN AVI		C. CITY OR TOWN (If outside city limits, write RI	URAL and give tawnship)
31 BALTO MD. 2122		D. STREET ADDRESS (II rurol, give location)	09
Baltimore City Ho.	pital	1533 N. EDEN ST. 21213	·
5. SEX 6. RACE 7. MARI	MED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during mast of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) MARY Cound	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME)
HUGH		MEANS, Gloria C	lui,
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	RECORDS_BCH 4940 EASTERN AV	E. 21224
18. 776 X	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Inneaturity	10 hours
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise injury or complication which caused death.)		7	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) slating UNDERLYING CONDITION last.	ving		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctary, street, o	office bldg., INJURY OCCUR?	,,,
21D. TIME (Month) (Doy) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not Whi	le 🗌	
22. I certify that (I) (this hospital) attend	ed the deceased from 9/	1 2:05 AM 19 66 10 9/1/	12:15 PM 19 66
that (I) (we) lost saw the deceased alive	on9/1	19 66 and that in(my) (our) opin	ian deoth occurred on the dote
and hour and from the causes stated abov	e. (1) (We) (did) (did nat)		CON DATE CLONED
23A. SIGNATURE	M.D. AH	tending Med. Staff X	23B. DATE SIGNED S-1-66
23C. PHYSICIAN'S NAME (Type) L. RISEMBERG	M.D.	Balt. City Hopits	RN AVE. BALTO, MD. 21224
REMOVAL (Specily)	altimore City H		y, town, or county) (Stote)

VS 150-REV. 1/1/65

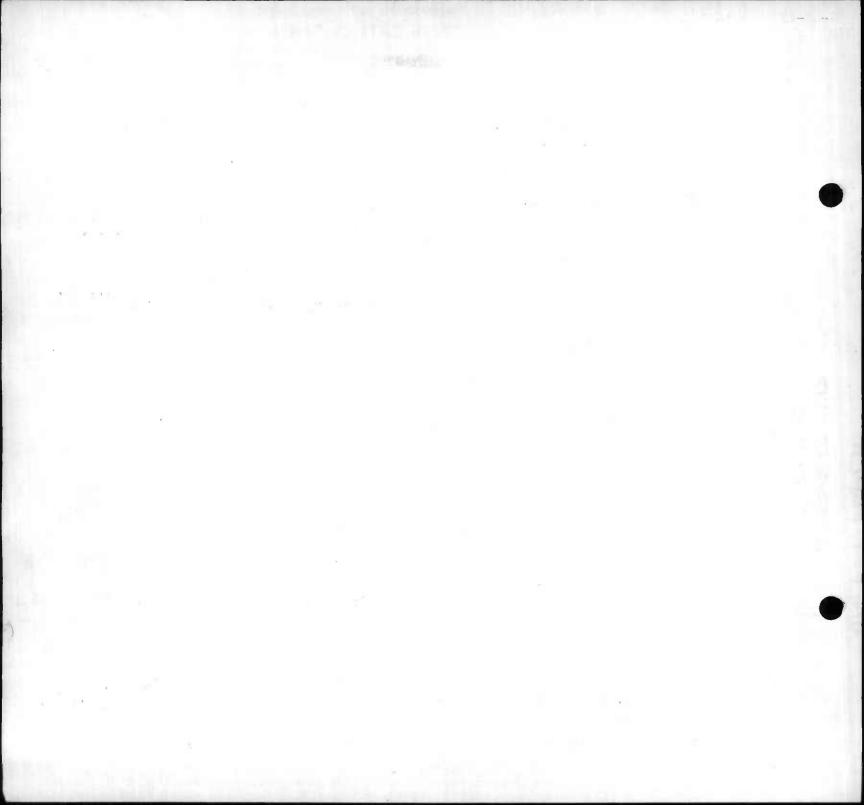
25C. FUNERAL DIRECTOR

25A. DATE RESERV

9/5/1966 HEALTH GER (258

NAME OF REGISTRAR

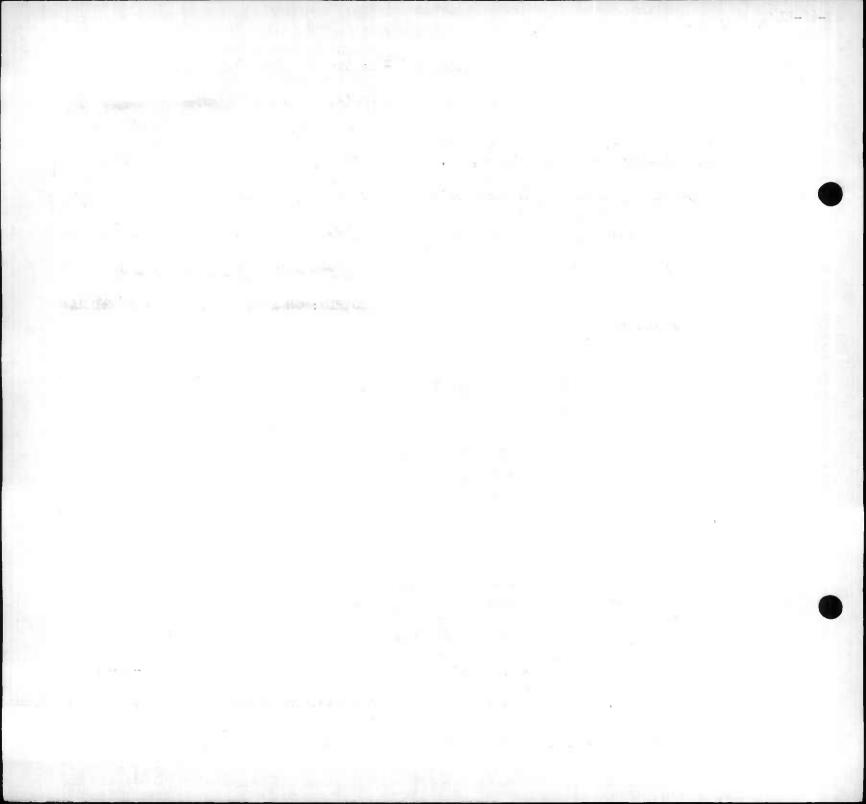
ADDRESS



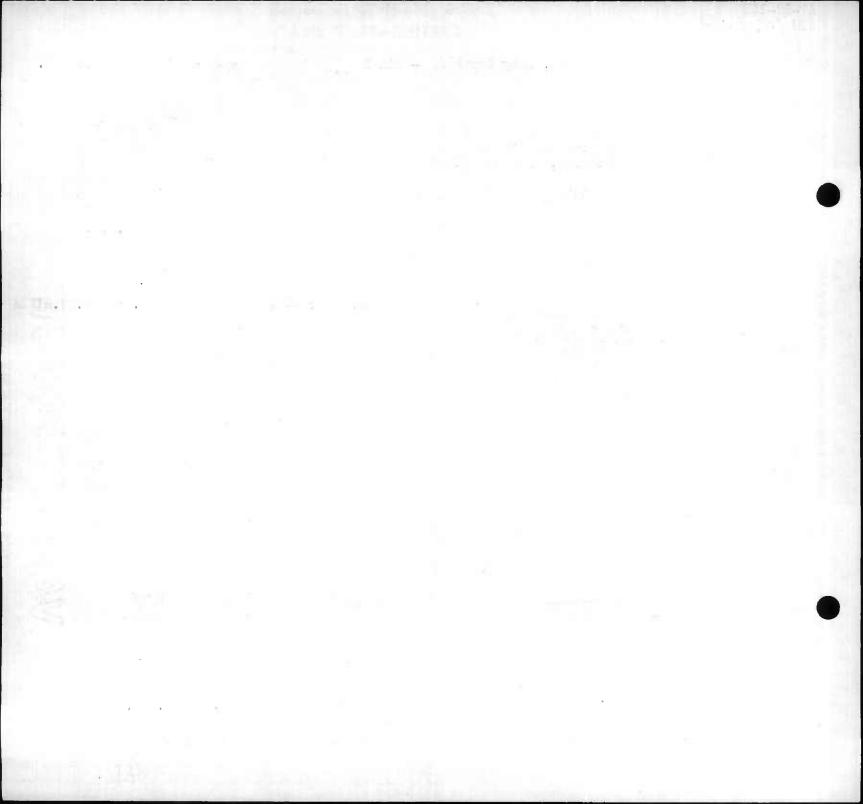
V\$ 150-REV. 1/1/65

100-18203	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
GRTH NO. 66 19055	CERTIFICA	TE OF DEATH	Registered No.	66 09055
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2 0 7 1 6 7 7 1	A. Twir	1 11 BII 2. DATE AN	D HOUR OF DEATH	
DABY VARC	RAWFORD-	Betty 2 /2	PM/8/	3/1661 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		nshtution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (II out	side city limits, write	RURAL and give township)
BALTIMORE CITY A	100 2,701	BACTIMO) D. STREET ADDRESS (IF	ZE rurol, give locotion)	9-08
4940 Eastern Avenue Baltin	nore, Md. 21224		NOR TH	AUE.
5. SEX 6. RACE 7. MAR WIDG	RIED, NEVER MARRIED DWED, DIVORCED (specify) TOTAL MARRIED	B. DATE OF BIRTH /	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BURTHPLAGE (Stote or fore	Country)	12. CITIZEN OF
done during most of working life, even if retired)	Mone	MARYCAA	1)	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Auto	
NOME GIVEN		BETTY	PRALLE	一つか 人
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. MFORMANT	CRAWI	FOR PADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	RECORDS BCH 494	O Eastern A	venue 21224 -
18. 7 7 3 4 1	CAUSE O	1 1 1 1 1		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	(A)	Port muture	***************************************	9 hrs & 5mm
heart failure, asthenia, etc. It means the dise	ease,	Respiratory		,
injury or complication which caused death.) ANTECEDENT CAUSES	(B)	Reshiratury	distrin	9 9 5 1
DISEASES OR CONDITIONS, if any, gi				
rise la lhe obove cause (A) slating	9	***********************************		
UNDERCTING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		Yes	THE CERTIFIENCE CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that 🎁 (this hospital) attend			19 66 ta 3	3/3/19.66
that (# (we) last sow the deceased alive	0/-/	11 //		inion death occurred on the date
and haur and from the couses stated above	re. (() (We) (did) (wild (n)) v	/		
23A. SIGNATURE	160	,		23B. DATE SIGNED
1/1e->: Hal	day M.D. Atte	ending Med. Director	Stoff Phys.	8-31-66
23C. PHYSICIAM'S NAME (Type)	C -5 m	23D. ADDRESS		
DR. MUNZER HADD	ADIN M.D.	4946 Eastern Ave	nue Balti	more, Maryland 2122
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LO	OCATION (C	City, town, or county) (State)
Cremated 9/5/1966	Baltimore City F	Hospitals Bal	timore, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
SEP 8 1966 12.0	15 8 Fallow MA	HOSPI	PAI. DISP	OSAL

3



BIRTH NO.	-/4.235 66 09056		BALTIMORE CITY			Registered No	. 66 09056 4
M.E. CASE NO. 1. NAME OF DE (Type or Print)		Baby Boy 1				ND HOUR OF DEAT	H 2:35 P.
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital	or institution, give sm TTY HOSPITA Avenue	eet ALS	A. STATE MARYLA C. CITY OR TO BALTIN D. STREET AD	ND OWN (II o	ere deceosed lived. If NTY	Institution: residence before admission
5. SEX MALE	6. RACE NEGRO	7. MARRIED, NEVE WIDOWED, DIVE NEVER M	R MARRIED DRCED (specify)	9/2/66		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of world f working lite, even if retired)				E (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	EARL			14. MOTHER'S MARY		AME	
	d Ever in U. S. Armed For		CURITY NO.	17. INFORMAN		940 Eastern	Address Ave., Balto.Md.212
DISEASES rise la I UNDERLYIN	hearl failure, osthenio, etc. II means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.						
DISEASE OF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOP	SY? (Yes or N	O) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21 B. PLAC home, form	E OF INJURY (e.g., i n, foctory, street, o	n or obout 21 C. V	WHERE DID	(If in Boltim	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJU While At Work	Not While	e 🗀	IOW DID IN	JURY OCCUR?	
that (I) (y that (I) (the second lost saw the decease and from the couses sto	ed olive on	9/2/	9/2/ 19 66			9/2/ 19 66 pinion deoth occurred on the d
23A. SIGNAT	Thite	urberg	Phy		Med. Director	Stoff Phys.	9/2/66
23C. PHYSICI NAME	(Type) L. RISEME		M.D.		stern A		OSPITALS O. Md. 21224 (City, town, or county) (State)
	(Specily) 24B. DATE	2.0			2.70.		131016/
Cremat		966 Balti	more City		S I	Baltimore, M	aryland



Such

death.

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00	66 09057	

Гуре аг	E OF DECE Print)		ORE, B	laby Gi	rl Mar	y —Tw	in A	2. DATE A	9/2/66	H	7	: P. M
. PLAC	CE OF DEA	TH IN BALTIA	ORE, MAR	YLAND			A. STATE	B. COU	ere deceased lived. If NTY	institution: resid	ence befare	admissian
HOSP	NAME OF		n hospital o or location)	i institution,	give street		MARY		utside city limits, wiff,	RIVER Fond of	va tawashin	1
INSTI	TUTION	BALTIMO	RE CIT	Y HOSP	TTALS			IMORE		1-1	73	
		4940 Ea					D. STREET		f wool, give location)			
31		Baltimo						-	treet - 212			
	MALE	6. RACE NEGR	.0		ER MAR	RIED (Spify)	8. DATE OF 9/2/	/66	9. AGE (In years lost birthday)	If Under 1 Manths Do	Yr. If University's Hours	der 24 Hrs Min.
one dur	UAL OCCU	PATION (Give varking life, ever	kind of work 1 n if retired)	108, KIND O	BUSINESS	OR INDUSTRY		ACE (State or for	eign country)	12. CITIZEN	OF COUNTRY?	
3. FATE	HER'S NAM	EAR	L					RRY, MAR				
5. Wes	Deceosed or unknown)	Ever in U. S. (If yes, give	Armed Force	es? of service)	1 6. SOCIA	L ITY NO.	17. INFORM	ANT		Al	DDRESS	
							RECORDS	S: BCH, /	4940 Easter	n Ave.,B	alto.M	d.212
18.	77	6XI			1	CAUSE	F DEATH			INT	ERVAL BET	WEEN
		E OR CONDI		CTLY		1	1.10.0	tierite	-		2 Por	11 0
1							4 MANA	1 1 9 / 1 . 1 /				
hed	arf foilure,	ol meon lhe oslhenia, elc. plicofian whic	II meons I	the disease,		DUE TO		weru l	9	/ (Com	
hed	orf foilure, ury or com	oslhenia, elc.	II meons I th caused o	the disease,		(B)		aen a	9			
DIS	orf foilure, oury or com-	osthenia, etc. plicofian whic	II meons I th caused of CAUSES ONS, if o use (A)	the disease, death.) ny, giving		(B) DUE TO			7	7,0	0000	
DIS	DEFINITION OF THE PROPERTY OF	osihenia, elc. plicofian which NTECEDENT R CONDITION CONDITION FICANT COND EATH BUT I	Il meons I ch caused of CAUSES DNS, if o use (A) I last.	the disease, death.) ny, giving stating the ONTRIBUTIN	G	(B)			7	7.0		
DIS rise UN OTIO	AGEASES OF THE SIGNIF	osthenia, etc. plicofian which ANTECEDENT R CONDITION Obove co CONDITION II FICANT CONE EATH BUT I	CAUSES ONS, if or use (A) last. Ditions CONTRELATIONS CONTRELATIONS IT.	ny, giving slaling the ONTRIBUTIN TED TO THE ONTRIBUTION FOR	G E	(B)	20 A. AUT		208. IF YES, WER	E FINDINGS CO	ATH?	es
DIS rise UN OT TO DIS 21AA OR A O	GEASES OF THE RESIGNITY OF THE DESCASE OF THE DESCA	osthenia, etc. plicofian which ANTECEDENT R CONDITION obove co CONDITION II FICANT CONE EATH BUT I	CAUSES ONS, if ouse (A) North lost. DITIONS CONOT RELAT. AUSING 11. 1798. COND WAS PERFO	ny, giving stating the DNTRIBUTING TO THE DOTTION FOR DRIMED	G IE WHICH OP	(B) DUE TO (C) ERATION	20 A. AUT Y	OPSY? (Yes ar N	IO) 20B. IF YES, WERI	E FINDINGS CC AUSES OF DE	Y	
DIS rise UN OT TO DIS 21AA OR A O	GEASES OF THE RESIGNITY OF THE DESCASE OF THE DESCA	oshenia, elc. plicofian which NTECEDENT R CONDITION CONDITION FICANT CONDITION CONDITION OPERATION IT WAS UNDITING CAUS	CAUSES ONS, if ouse (A) I last. Ditions CO NOT RELATI 198. COND WAS PERFO ERLYING CELL ERLYI	ny, giving stating the DNTRIBUTIN FED TO THE DOTTION FOR DRMED	G IE WHICH OP OF	(B) DUE TO (C) ERATION INJURY (e.g., ctary, street, street	20 A. AUT Y in ar about 210 infice bldg., INJ	OPSY? (Yes ar N	lo) 208, IF YES, WER IN CERTIFYING C	AUSES OF DEA	Y	
DIS rise UN OTTO TO DIS 21 DA DE A	GEASES OF THE RESIGNITY OF THE DESCASE OF THE DESCA	osthenia, etc. plicofian whice NTECEDENT R CONDITION Obove co CONDITION FICANT CONE EATH BUT CONDITION OPERATION IT WAS UNDITION TWAS UNDITION TWAS UNDITION TRICALS TRICALS OPERATION TO CAUS medical exami	CAUSES ONS, if ouse (A) I last. Ditions CO NOT RELATI 198. COND WAS PERFO ERLYING CELL ERLYI	ny, giving stating the DNTRIBUTIN FED TO THE DOTTION FOR DRMED	G IE WHICH OP The, form,	(B) DUE TO (C) ERATION INJURY (e.g., clary, street, c	20 A. AUT Y in ar about 21C affice bldg., 21F	OPSY? (Yes ar NES	lo) 208, IF YES, WER IN CERTIFYING C	AUSES OF DEA	Y	
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NOOTE OF THE PROPERTY OF THE P	ASEASES OF The Property of the	osthenia, etc. plicofian which NTECEDENT R CONDITION CONDITION FICANT CONDITION FICANT CONDITION OPERATION IT WAS UNDITION IT WAS UNDITION (Manth) (Do that (I) (this	CAUSES ONS, if of ourse (A) I last. DITIONS CONTRELATIONS CONTRELATION	ny, giving slaling the DNTRIBUTIN FED TO THE CORMED 21E har etc. (Hour) 21E WW. W. Core attended the slaling of the slaling the slaling of the slaling the slaling of the slaling the sla	G IE WHICH OP The, form, fo INJURY O The deceas	(B) DUE TO (C) ERATION INJURY (e.g., ctary, street,	20 A. AUT YI in ar about 216 affice bldg., 216 216 9/2	OPSY? (Yes ar NES) C. WHERE DID LURY OCCUR? HOW DID IN	JURY OCCUR?	ore City, give e	XXXXX IOCONOR	9 66
NOOLED THE TOTAL	ASEASES OF THE PROPERTY OF THE	osthenia, etc., plicofian which which which which will be considered by the construction of the constructi	CAUSES ONS, if of ourse (A) I last. DITIONS CONTRELATIONS CONTRELATION	ny, giving slaling the DNTRIBUTIN FED TO THE CORMED 21E har etc. (Hour) 21E WW. W. Core attended the slaling of the slaling the slaling of the slaling the slaling of the slaling the sla	G IE WHICH OP The, form, fo INJURY O The deceas	(B) DUE TO (C) ERATION INJURY (e.g., ctary, street,	20 A. AUT YI in ar about 216 affice bldg., 216 216 9/2	OPSY? (Yes ar NES	JURY OCCUR?	ore City, give e	xact lacotion	9 66

L. RISEMBERG

M.D.

24C. NAME of CEMETERY OF CREMATORY

4940 Eastern Avenue, Balto, Md. 21224 24D. LOCATION (City, town, ar county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Cremated 9/5/ 9/5/1966

Baltimore City Hospitals

Baltimore, Maryland

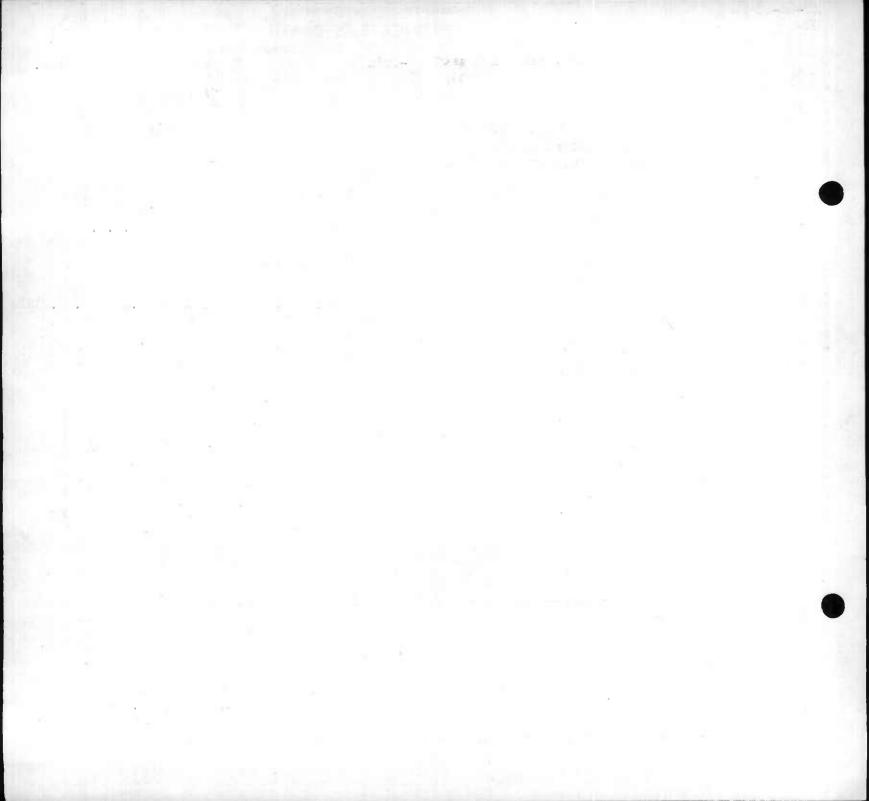
(State)

SEP 8 1966 25B, NAME OF REGISTRAR 8

25C. FUNERAL DIRECTOR HUSPI TAL DISPOSAL

V\$ 150-REV. 1/1/65

ADDRESS



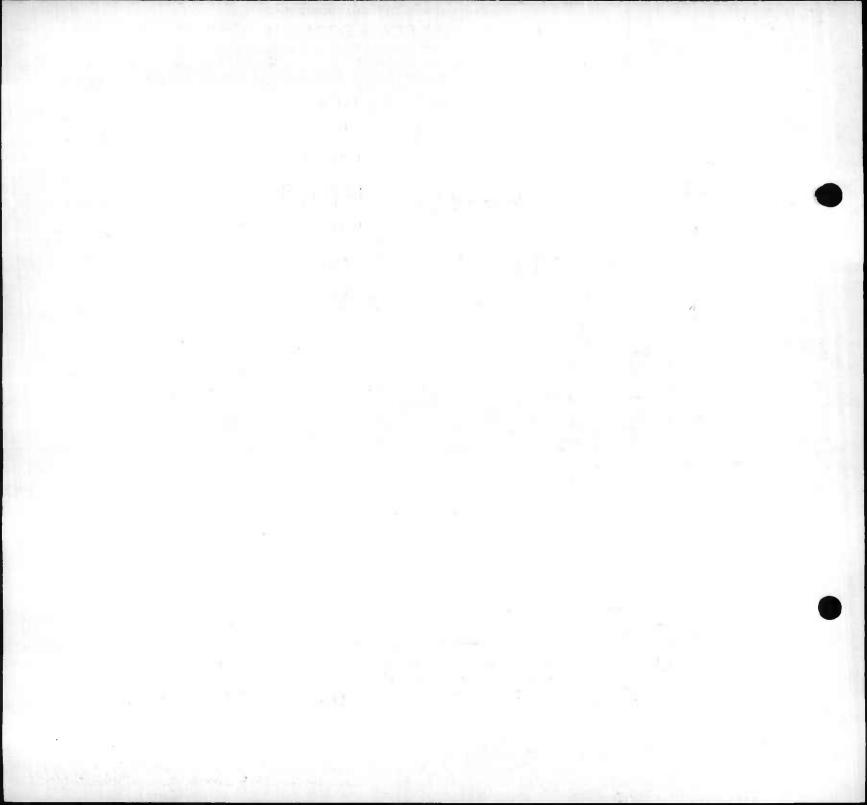
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written annexum must be abtained before the semaine are embalmed ar final disnocition is made

	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 0000
BIRTH NO. 66 09058 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66 09058
T. NAME OF DECEASED MURRY	N WESLEY		FEMBER 1	1966 4:15P
FULL NAME OF (If not in hospital or institution of property of the property of	ion, give street	MD B. COUNT	Prince	stitution: residence before admission
ST AGNES HOSPITAL		LAUREL D. STREET ADDRESS (If ru	ural, give location)	1 6b-000
40		383 MAIN ST		
MALE WHITE WIDO	MARRIED (specify)	5-22-94	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work) 10B. KINE done during most of working life, even if refired)	of Business or industry	VIRGINIA		12. CITIZEN OF WHAT COUNTRY?
JOHN Bedfard	Murry	ALICE RUCK		6 K
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	ST AGNES HOSP I	ITAL CATON	ADDRESS N & WILKENS AVE
18.44 3 0 0	CAUSE O	E DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give the above cause (A) stating UNDERLYING CONDITION lost.	e.g., DUE TO ase, (B) [JE] DUE TO	NEU MO NIA	00 00 00 00 00 00 00 00 00 00 00 00 00	CLEROSIS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID linice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact tocation)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		RY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased aliver and haur and from the causes stated above	ed the deceased fram an SEPT 1	AUG. 6 19		nian death occurred an the do
23A, SIGN ATURE	00 (1) (110) (414) (414 1101) (Tow the budy until death.		23B. DATE SIGNED
Tuday	AGRERA M.D. Att	ending Med. S	Stoff Phys.	9-1-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS CATON AND WIL		
PREMOVAL (Specify)	C NAME OF CEMETERY OF CR	PAR 240. LO 260. ELLHERAL DIRECTOR	HW - HOUSE	ty, town, or county) (Stote)
VS 150-REV. 1/1/65	It & starffythan	Think at 111th	monny /	homes in the

NOTE : PARTIES NOTES YEARS TO SELECT THE SEL

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6.6	BALTIMORE CITY	HEALTH DEPARTMENT		00 00050
BIRTH NO. 66 (19059	CERTIFICA	TE OF DEATH	Registered No.	66 09059
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) LAHERTY	MINNA	LEE 2. DATE AND	HOUR OF DEATH	1 11 Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where B. COUNT	deceased lived. If ins	titutian: residence befare admission)
FULL NAME OF (If not in haspital or institution, given HOSPITAL OR oddress or location) INSTITUTION		MARYLAND	de city limits, write RI	URAL and give township)
UNION MEMORIAL	HOSP		TORE ral, give lacotian)	NT Street
	EVER MARRIED DIVORCED (specify) OWED	B. DATE OF BIRTH: 9.	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Bildone during most of working lite, even if retired)			n cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		u. s.
HENRY STAYL	-OR	CARRIE	TH	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates af service)	security No.	17. INFORMANT STAYLOR 17. THORPE, STAYLOR 82-1) (604 LO	CH NESS RD	ADDRESS BAITO MAZIJOII
DISEASE OR CONDITION DIRECTLY	CAUSE O	- 0.0	- n 1	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(1) De	veu ASCVI	c Mit	ral Stenoris
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	acinoma ? 1	Ampulla	1 Vatur
DISEASES OR CONDITIONS, if ony, giving	DUE TO		/	
UNDERLYING CONDITION lost.	, =,		(31)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	o - duode	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING [218, PI	ACE OF INJURY (e.g., i form, factory, street, o	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
	At Not Whi		RY OCCUR?	
22. I certify that (I) (this hospital) attended the	deceosed fram	8-22-19	66 to	19
that (I) (we) last saw the deceased alive on	9/6		t in (my) (our) opin	tion death occurred on the date
and hour and fram the couses stated obove. (1)	(we) (ala) (ala har) (view the body offer deoffi.		23B. DATE SIGNED
Criselle 1. In	et M.D. Att	ending Med. S	otaff Phys.	
23C. PHYSICIANS NAME (Type) GISCUE BRE	T2 M.D.	23D. ADDRESS Which	Heme	riel Hosp.
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	NE of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	y, tawn, ar caunty) (State)
BURIAL SEPT 9,196 NEW 25A. DATE REC'D BY HEALTH DEPT. 1258. NAME OF	(ATHEDRAL	25C. FUNERAL DIRECTOR	ALTIMONE !	VIARYLAND
VS 150-REV. 1/1/65 P 8 1966 P C 5	E Talley MA	Um. Cook B	ROOKS TOUS	ON TOWSON MO. 21204



attendance on the

{Typ	E. CASE NO.	60 CERTIFICA	/ /	10 bb U9UbU
-	name Of Deceased pe or Print) Mary Bru	ce Nicolson Jones	2. DATE AND HOUR/OF DEA	1/00
3. 1	PLACE OF DEATH IN BALTIMORE, A	ARYLAND	4. USUAL RESIDENCE Where deseased hved.	tf institution: residence befare admi:
1	FULL NAME OF IIf not in hospit HOSPITAL OR address or local INSTITUTION	ol or institution, give street tion)	Maryland Baltimore C. CITY OR TOWN (If gutside city limits,)	it RURAL and give township)
	Long Green Nursing	Home	Baltimore	4-01
9	long oreen narying	, Home	D. STREET ADDRESS IIf rurol, give locations 1526 Bolton Street	
5. \$	Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	5/25/1883 9. AGE (In yeors lost birthday) 83	If Under 1 Yr. If Under 24 Months Days Haurs A
	A. USUAL OCCUPATION (Give kind of was during most of warking life, even if retired Housewife	ork 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.5.A.
	James A. Nicolson		Mary B. Campbell	
	Was Deceased Ever in U. S. Armed s, no ar unknown) IIf yes, give wor or d	Forces? otes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	None	Herbert R. Jones 124	42 Ramblewood Rd.
	DISEASE OR CONDITION I	DIRECTLY H	ancer of Breas	ONSET AND DEAT
	(This does not mean the mode heart failure, asthenia, etc. It mea injury or complication which caus	ns the disease,		
	ANTECEDENT CAUS	OUE TO		- dan mana bandan mana dan wada ni ni ni day diping gan garipa njiby gd mawan wasawa da
	DISEASES OR CONDITIONS, in the state of the obove course (A UNDERLYING CONDITION lost.			
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE		
ERTIFIC	19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? IYes or Nal 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
144	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY le.g., i home, form, factory, street, o etc.)		more City, give exact location)
AL C				
MEDICAL C	21D. TIME (Manth) (Doy) IYed OF INJURY (APPROX.)	While At Not While Work Not Work		De dy
MEDICAL C	21D. TIME (Manth) (Doy) IYed OF INJURY (APPROX.) 22. I certify that (1) (this haspital and the control of the	While At Not While Not Work Not Work Not While At Work	19 OP to	
MEDICAL C	21D. TIME (Manth) (Doy) IYed OF INJURY (APPROX.) 22. I certify that (1) (this haspithat (1) (spe) last saw the decea	While At Not While Not Work Not Work Not While At Work	19 Of ta 19 66 and that in(my) (aur)	
MEDICAL C	21D. TIME (Manth) (Doy) IYed OF INJURY (APPROX.) 22. I certify that (1) (this haspithat (1) (spe) last saw the decea	while At Not White At Work tal) attended the deceased from used alive an Not White At Work tal) attended the deceased from tated obave. (1) (We) (did) (did nat)	19 Of ta	
MEDICAL C	21D. TIME (Manth) (Day) IYer OF INJURY (APPROX.) 22. I certify that (I) (this haspithat (I) (the) last saw the deceard have and have and have and have applied to the causes of the cau	while At Not White At Work tal) attended the deceased from a sed alive an No. (We) (did) (did nat) M.O. Att. Phy	19 Of ta	apinian death accurred an th
MEDICAL C	21D. TIME (Manth) (Doy) (Yes OF INJURY (APPROX.) 22. I certify that (I) (this haspithor (I) (Me) last saw the deceand haurand from the causes 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) William A. BURIAL CREMATION, 24B. DATE	while At Not White At Work tal) attended the deceased from used alive an No. Att. M.O. Att. Phy	19 Of ta	apinian death accurred an th
MEDICAL C	21D. TIME (Manth) (Doy) IYer OF INJURY (APPROX.) 22. I certify that (I) (this haspithot (I) (we) last saw the deceared haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William	While At Not White At Work tal) attended the deceased from asset alive an M.O. Att. Phy Helfrich M.D.	19 0 ta	Baltimore, Md

Baltimore, Md.

OF- 8

1966

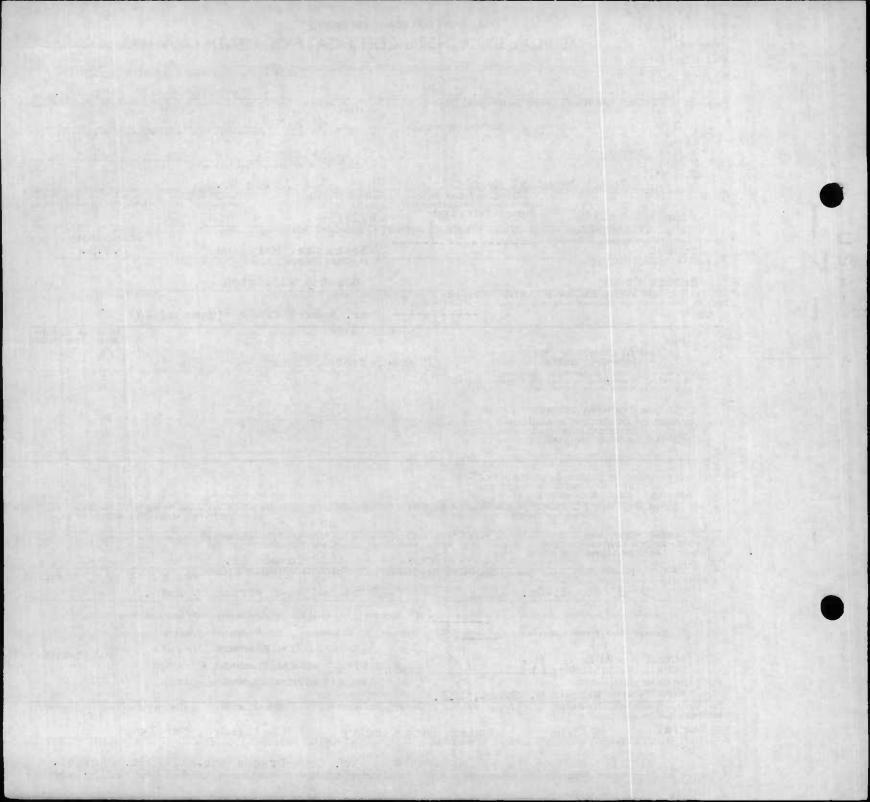
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Tont at

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	Registered N&6	0906

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNCED DEAD				
	Brenda	K. Crook		9/5/6	66 4:20 p.	M.	
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	4. USUAL RESIDEN		nstitution: residence before admi	issian)	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA'	L OR INSTITUTION)	ITION, GIVE STREET	C. CITY OR TOWN	yland (If outside corparate limits, w	vrite RURAL and give township))	
44			D. STREET ADDRES	timore s (If rural, give location)			
Union Memo				Tuxedo St.			
female white		NEVER MARRIED DIVORCED(specify) Married	9/29/58	9. AGE (In year lost birthday)			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	108. KIND OF	BUSINESS OR INDUSTRY	Baltimore	e, Maryland	12. CITIZEN OF WHAT COUNTRY?		
Robert Crook			Dorothy	Williston			
15. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS		
(Yes, no or unknown) (If yes, give wor or dates	at service)	SECURITY NO.	Mr. Rober	t Crook (same	as #4)		
1B 420 d		CAUSE	OF DEATH		INTERVAL BETW		
DISEASE OF CONDITION DIS	ECTIV				ONSET AND D	EATH	
DISEASE OR CONDITION DIR LEADING TO DEATH	ECILI	Cranic	cerebral in	njury			
(This does not meon the mode of hear failure, asthenia, etc. It meons injury or complication which coused d	the diseose,	DUE TO					
ANTECENDENT CAUSES							
DISEASES OR CONDITIONS, IF AN	NY, GIVING	(B) DUE TO					
RISE TO THE ABOVE CAUSE (A) ST.	ATING THE						
Z		(C)					
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO TE		*****			2400410400	
19A. DATE OF OPERATION 19B. CONE		WHICH OPERATION	20A. AUTOPSY? (Yes or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
₹ 21A, EXTERNAL CAUSE WAS	218. 1	PLACE OF INJURY (e.g.,	in or about 21C. WH	ERE DID (If in Boltimore City,	give exact location)		
Q 21A, EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH.	etc.)				12-07		
21D TIME (Month) (Doy) (Year)	(Hour) 2	nome	21F HOW	Taxedo St.		-	
OF INJURY			WHILE Last		ruck by pde, whi	.cn	
(APPROX.) 9 5 66 2:4	υp. _{m. w}	VHILE AT NOT AT W	WHILE k had	been struck by a	auto.		
I certify that I held an In	quiry	Inspection X Aut	tapsy and t	hat an this basis, death is	n my apinlan		
resulted fram: Natural cau	ses A	ccident X Suicid	e Hamicide	Undetermined mai	nner		
ACTUAL ISLAND	. /	1		ICAL EXAMINER	DATE SIGN	ED	
SIGNATURE WONG	1.7	M.D.		DICAL EXAMINER X			
EXAMINER'S NAME (Type) Werner	U. Spit	z, M.D.	ASSOCIATE MEI	DICAL EXAMINER	9/6/66		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	230	C. NAME of CEMETERY	CREMATORY	23D. LOCATION (C	City, tawn, or county) (Sto	ote)	
Burial 9/8/66	T	oudon Park Co	emetrv	Baltimore, Ma	aryland		
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL		ADDRESS		
SEP 8 1966 (Polisis	2. Falleyna	Wm. Coo	k-Brooks Inc.Bl	217 St. Paul St.	202	
VS 151-REV. 1/1/65	1 2	0 0 U II	0 0	() ()		7	



attendance on the

was in regular

death

BALTIMORE CITY HEALTH DEPARTMENT

3. F	pe or Print) HERM		RITCH	Jeget	7.6 190	
	PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed Nived. If in:	stitution: residence before odmissio
	FULL NAME OF (If not in	hospital or institut	ion, give street	Maryland		
	NSTITUTION	or location)			e city limits, write R	URAL and give township)
	nouse	of Pines		Baltimore D. STREET ADDRESS (If rure	ol, give location)	06-01
9	70			5837 Belair		
5. S	SEX 6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
Ma	ale White		ried (specify)	Jan. 26, 1876	birthdoy)	Months Doys Hours Min.
IÓA		ind of work 10B. KIN		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
оопе	None	11 1011100/	====	Indiana		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		U.D.L.
Tir	ouis Fritch			Mellisaa Vaug	han	
15. 1	Was Deceased Ever in U. S. A s,no or unknown) (If yes, give wo	rmed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Howard, Md.
		-2/4/02		Ft. Howard V.		
	18.			OF DEATH	1100010	INTERVAL BETWEEN
	DISEASE OR CONDIT			- 1.	111	ONSET AND DEATH
	LEADING TO		IALLE	it Country	Collyn	
	(This does not meon the r heart failure, asthenia, etc. 1	Il meons the dise	e.g., DUE 10	0		
	injury or complication which		(B) Clan	to myrematile de	prelix	5 hom.
	DISEASES OR CONDITION		DUE TO	I myrendie de		
	rise to the obave cau	ise (A) sloting		windlete Hus	Gran,	
	UNDERLYING CONDITION	losi,				
ATION	OTHER SIGNIFICANT CONDI					
CAI	19A. DATE OF OPERATION		OR WHICH OPERATION	20 A. ALITOPSY? (Yes or No)	OR IF YES WERE F	INDINGS CONSIDERED
17		WAS PERFORMED	or which oreganism	20A. AUTOPSY? (Yes or No)	N CERTIFYING CAL	JSES OF DEATH?
RTIF	21A. ACCIDENT WAS UNDER	E OF	home, form, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
A CERTIFIC	OR CONTRIBUTING CAUSE	(er)	etc.)			
CALC	OR CONTRIBUTING CAUSE DEATH (notify medical examin		015 1111154 0 0 0 1115	015 110 110 110 1111		
DICAL C	OR CONTRIBUTING CAUSE DEATH (notify medicol exomin 21 D. TIME (Month) (Doy) OF INJURY		21 E. INJURY OCCURRED While At	21 F. HOW DID INJUR	Y OCCUR?	
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medicol exomin 21D. TIME (Month) (Doyl OF INJURY (APPROX.)	Yeor) (Hour)	While At Not Whi Work At Work	ite 🗆	Y OCCUR?	
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medical examin 21D. TIME (Month) (Doyl OF INJURY (APPROX.) 22. I certify that (1) (This	(Year) (Hour)	While At Not Whi Work Not Work	my 20 19	Y OCCUR?	hpt 6 1966
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medical examin 21 D. TIME (Month) (Doyl OF INJURY (APPROX.) 22. I certify that (I) (Thistant) that (I) (we) last saw the	hospital) attend	While At Not White Work At Work At Work at Work at Work	19 66 and that	66 to 1	hipt 6 1966
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medical examin 21D.TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (1) (Thisthat (1) (we) last saw the and haur and from the cou	hospital) attend	While At Not White Work At Work At Work at Work at Work	my 20 19	6610	nion death accurred on the d
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medical examin 21 D. TIME (Month) (Doyl OF INJURY (APPROX.) 22. I certify that (I) (Thistant) that (I) (we) last saw the	hospital) attend	while At Not White More work at Work a	19 6 and that view the bady after death.	in (my) (see) apir	
MEDICAL C	OR CONTRIBUTING CAUSE DEATH (notify medical examin 21D.TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (1) (Thisthat (1) (we) last saw the and haur and from the cou	hospital) attend	while At Not White More work at Work a	19 6 and that view the bady after death.	66.10	nion death accurred on the c

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Burial
25A. DATE REC'D BY HEALTH 9/9 DEPT. 66

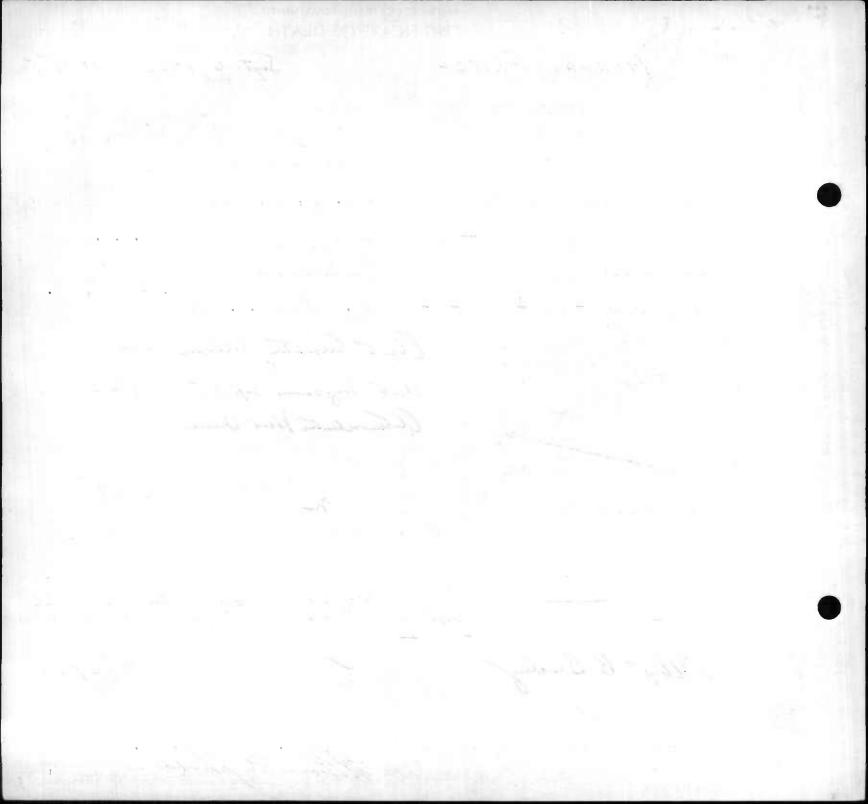
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Loudon Park Na258. NAME OF REGISTRAR

National 25C em. ADDRESS Raven

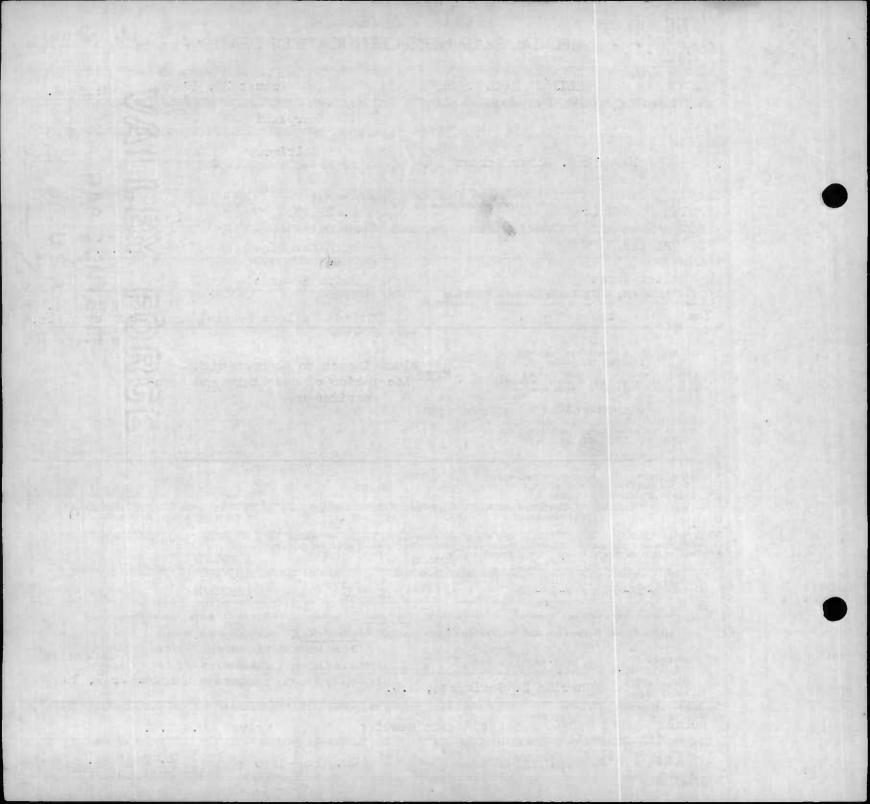
VS 150-REV. 1/1/65

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and to death); and (6) No physician was in regular attendance on was D.O.A. at a hospital (except where the physician who pronounced the body was released to the hospital by a medical examiner. prior deceased p



1	1	66	09063
J-	250	BIRTH NO.	

BIRTH NO.	MEDI	CALEX	AMINER 3 C	EKTIFICA	IE OF DEA	Registered No	
1. NAME OF DEC	ELIJA	AH EARI	JONES	J. X. 133	2. DATE AND HOUR August 2	PRONOUNCED DEA	8:15 A. _{M.}
FULL NAME OF	IMORE, MARYLAND, W	AL OR INSTITU		A. STATE	ENCE (Where deceose laryland	B. COUNTY	residence before odmission
HOSPITAL OR	ADDRESS OR LOCA	(TION)			saltimore	ore ilmirs, write KOKA	00 - 00
	100 blk W. I	over St	reet		RESS (If rurol,/give loc	cotion)	0000
00						- run	
5. SEX Male	White		NEVER MARRIED DIVORCED (specify)	Nov. 27	9. A 1924	GE (In years of Mont	nder 1 Yr. If Under 24 Hrs hs Doys Hours Min.
done during most of Pain	JPATION (Give kind of work working life, even if refired) I CET	10E KIND OF	BUSINESS OR INDUSTR	North (Carolina	W	TIZEN OF HAT COUNTRY? J.S.A.
13. FATHER'S NAM			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	14. MOTHER'S M			
	r Jones	EORCES?	16. SO CIAL	Julia 17. INFORMANT	Edwards	ADDI	DECC
(Yes, no or unknown	(If yes, give wor or dote		SECURITY NO.			22	26 Broad St.
Yes	two		0.4116	Willis& I	Ballard Fune	eral Home, I	New Bern, N.C.
(This does reference to the control of the control	SE OR CONDITION DIL LEADING TO DEATH not meen the mode of costhenio, etc. If meens implication which coused INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING R	dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTIN	(c)		to abdomen f mesentery eum		
1.	OPERATION 198, CON WAS PER		WHICH OPERATION	Yes	? (Yes or No) 20B. IF	YES, WERE FINDING	CON SIDERED DEATH?
UIING □ CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	etc.)	PLACE OF INJURY (e.g., form, foctory, street, Unknown	1	UNK	NOWN	st location)
21D TIME OF INJURY (APPROX.1 8-	(Month) (Doy) (Yeor -28-66 or 8-2		VHILE AT NOT AT V	WHILE 🔀	UNK	NOWN	
	URE Charle	nquiry Auses A	Inspection Au	tapsy X an Hamici CHIEF M	EDICAL EXAMINE	mined manner	DATE SIGNED nber 7, 1966
23A. BURIAL CRE REMOVAL (Specify Burial	MATION, 23B, DATE		C. NAME of CEMETERY Bridgeton Cem		23D. LOCATIO	N (City, town,	or countyl (Stotel
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	ook-Brooks,		ADDRESS aul St. Maryland
VS 151-REV. 1/1/	65	129	5 6 6 1)	096	1 6 5		



		BALTIMORE CITY	HEALTH DEPARTMENT		66 09064
BIRTH NO. M.E. CASE NO	66 09064	CERTIFICA	TE OF DEATH	Registered Na	00 00004
I NAME OF	ECEASED.	0		ND HOUR OF DEATH	
	BOWERS, ALLIE	K.	50	AUG 1966	12:20
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUL	ere deceased lived. If ins NTY	titutian: residence before admi
FULL NAM		an, give street			orge's County
HOSPITAL (C. CITY OR TOWN (If a		1 1
			Hyattsvill D. STREET ADDRESS (IF	.e	66-00
JOHN	S HOPKINS HOSPITA				oot
5. SEX	6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	thorpe Str	
	E do WIDO	WED, DIVORCED (specify)	1/2/03	last birthday)	Manths Days Haurs A
IOA USUAL O	CCUPATION (Give kind of work 10B, KIND	arried	11. BIRTHPLACE (State or form	eign country)	12. CITIZEN OF
dane during mas	al working life, even if retired)				WHAT COUNTRY?
MANAGE		LESTATE	WASHINGTO		U.S
13. FATHER'S	IAME		14. MOTHER'S MAIDEN NA	ME	
	Tivus Bower		Mary	UNKNOWN	
15. Was Deced (Yes, no or unkn	sed Ever in U. S. Armed Farces? awn) (II yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ROWERS 3	008 CREST A
NO		2134280291	A MILLIAM II	CH	IEVERLY, MD
1B. 19	29		F DEATH	<u> </u>	INTERVAL BETWEEN
DIS	EASE OF CONDITION DIRECTLY		4 . P. / 4		
(This doe	LEADING TO DEATH s nat mean the mode of dying, a	(A) G4	10BLASTOMA M	ULTIFORME	9 110
heart foil	re, osthenia, etc. It meons the disec complication which caused death.)				114
Infory or	ANTECEDENT CAUSES	(B)			
DISEASE	OR CONDITIONS, if ony, giv				
	The obave cause (A) slating	. *			
UNDERLY	ING CONDITION lost.				·
Z	II CONTRIBUTION	TIMO			
≧ TO THE	GNIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO	THE			
U 19A. DATE		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	la) 208. IF YES, WERE FI	INDINGS CONSIDERED
E27/	WAS PERFORMED	LASTOMA	Yes	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACC	DENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, larm, factory, street, c		(If in Baltimare	City, give exact lacotion)
	atify medical examiner	etc.)	mice bidg., INJURT OCCUR:		
0 21 D. TIME		21 E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJUR		While At Not Whi			
	:6., Ab-a /1) /Abin b		7/24	10 1/1	130!
	ify that (1) (this hespital) attende	8/9.	7	17 126 10	/30 196
	(e) last saw the deceased alive				ian death accurred an th
	and from the causes stated above	e. (1) (We) (did) (did=10t)	view the bady after death.		DATE SIGNED
23A. SIGN	Panal	M.D. AH	ending Med.	Stoff TE	238, DATE SIGNED
	Sward K. daws	Phy	ys. Director	Phy s.	8/50/66
23C. PHYS	CIAN'S E (Type)		23D. ADDRESS		,
Ec	lward R. Laws, Jr	M.D.	Johns Hor	okins Hopki	ns 601 N. Br
24A. BURIAL	CREMATION, 248. DATE 240	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City	y, town, or county) Way
BURI		ORT LINCULN	CEM BL	ADENSBURG,	MARYLAND"
25A. DATE RE		ME OF REGISTRAR	25C. FUNERAL DIRECTO	R P PI	ADDRESS
		a C La On MA	W.W. Chamb	ers 60, Jun	unall, MD,
/\$ 150-REV. 1	11/6SEP 8 1900 OF	ato com	0006	6	
			de Paul		

or and it is graph on a left of it and in

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

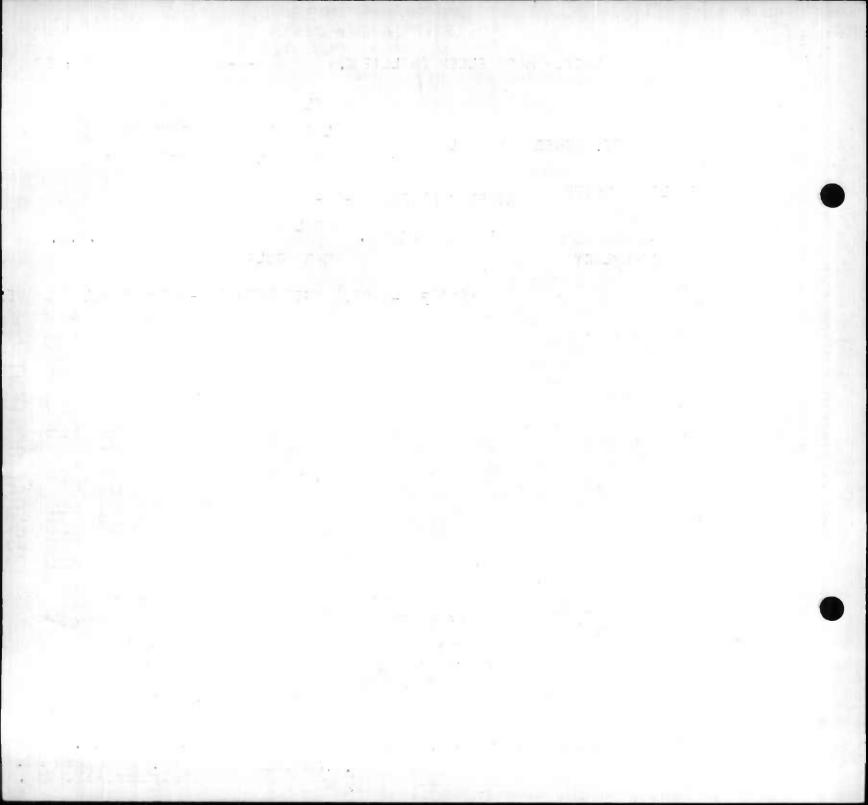
	00 0000	- T-	BALTIMORE CIT	Y HEALTH DEPARTMEN	r	
BIRTH NO. M.E. CASE NO.	66 0906	C	CERTIFICA	TE OF DEATH	Registered No	· 66 0906
1. NAME OF DE			- Control		AND HOUR OF DEAT	H
30.17/	NINGER,	HOWARD	EDWAY		TITEHBER 6'	1766 10.15
PLACE OF D	EATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If OUNTY	institution: residence before odmi
ULL NAME	OF (If not in hosp	ital or institution, give	street	HD A	ALTHORE	12-04
HOSPITAL OR	oddress or loc	otion)	- CDITAL	- ·		e RURAL ond give township)
HE UI	VION HEM	ORIAL	5027-11	BALTIMON		
1.1				D. STREET ADDRESS		THE CHARLES POT
44					CHARLES	51.
SEX	6. RACE	7. MARRIED, NE WIDOWED, D ドカスス	IVORCED (specify)	03/03/95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2-Months Doys Hours N
				11. BIRTHPL'A CE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
OWNE	f working life, even if retire	10 110		MARYLANI		4.S.A.
FATHER'S NA		CCHEI	MICAL)	14. MOTHER'S MAIDEN	~	7 - 4 - 7 - 7
16-1-				41		
MENR		YANINGER		ADELE A	TERZOG	Apperer
es, no or unknov	d Ever in U. S. Armed	dotes of service)	SECURITY NO.	17. INFORMANT		AS ADDRESS
YES	WI	1/1 2	14-03-68401	9 HOWARD SI	CHANING GR	#4.
18.	0.1		CAUSE	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	M	1.1	0, 1.	ONSEL AND DEAT
	LEADING TO DEA		(A) / (C)	o Cardial	reface ca	<u> </u>
	not meon the mode , osthenio, etc. II me		DUE TO	nay at		
	mplication which cau			xxxxx f	enin acle or	23
	ANTECEDENT CAU	SES	(B) COO	7000		
DISEASES	OR CONDITIONS,	if any, giving	561.0	(_		SIN
	he obove couse (IG CONDITION last.		(C)			
ONDERLIN	- CONDITION Idsi.					
OTHER SIGN	II NIFICANT CONDITION	CONTRIBILITING				
TO THE	DEATH BUT NOT I	RELATED TO THE				
	F OPERATION 198.	CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WE	E FINDINGS CONSIDERED
2	WAS	PERFORMED		YES.	IN CERTIFYING	AUGES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYIN	G 21B. PL	ACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	D (If in Baltin	nore City, give exact location)
	SUTING CAUSE OF fy medical examiner	etc.)	form, foctory, street,	office bldg., INJURY OCCU	K!	
21 D. TIME	(Month) (Doy) (Y	eor) (Hour) 21 F. IN	JURY OCCURRED .	21F, HOW DID	INJURY OCCUR?	
OF INJURY		While	At Not Wh	ile —		
(APPROX.)		Work	☐ At Worl	. 🗀 .		124
22. I certif	y that (1) (this hasp		accounce main	UTT. 3 PC	1966 to S	CPT 3 19 0
that (I) (we	a) last saw the dece	a sed alive an	EDU E	1966 an	d that in (my) (aur) o	pinian death accurred an th
and haur a	nd fram the causes	stated abave. (1) (1	Ve) (did) (did nat)	view the bady after dec	ath.	
23A. SIGNAT		7		,		23B, DATE SIGNED
1 11	2 1	He	M.D. A	tending Med.	Stoff Phys.	SETT 676-196
23 C. PHYSIC	IAN'S	1 min		ys. Director	Phys. 23	111 11000 1771
NAME		STUART PA	TTEN,	23D. ADDRESSTHE U	NION MEMOR	IAL HOSPITAL
ROY	STUBRT	FATTE	N.D	WASC. SEC	north the	5) (11) (15)25
AA. BURIAL CE	(Specify) 24B. DATE	24C.NAM	E of CEMETERY OF C	REMATORY 24	D. LOCATION	(City, town, or county) (S
Buria	- 1-	/1966 Lo	udon Park		Baltimore.	Menulan
	D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIREC	CTOR	Maryland
(SEP 8 1966	100 8- 9	Str. Bruke	H.W.Jenkin	as & Sons	o. 4905 York 1

BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY Maryland ADDRESS 1905 York Rd. 1966 Loudon Park Burial 9/10/ 25A. DATE REC'D BY HEALTH DEPT. Sons Co. Balto VS 150-REV. 1/1/65

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		FUNERAL DIRECTOR: IMPORTANT	RECTOR	IMPO	DRTAN		
This certificate must be approved by the chief medical examiner or his assistant if death oce the body was released to the hospital by a medical examiner. Also, if the direct or cont shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetern was D.O.A. at a hospital (except where the physician who pronounced death was in regular principle on the decease	o the hospito any nature; (except who	the chief medical lby a medical (2) Body burns; (ere the physician	examine examiner (3) A fractin who principles in requirements	Also, in the of ar oncounce	f the dir y kind; d death	if ded (4) Unc was	cont cont letern n reg
written approval must be obtained before the remains are embalmed or final disposition is r	e obtained b	efore the remains	s are emb	almed o	r final di	spositi	on is r

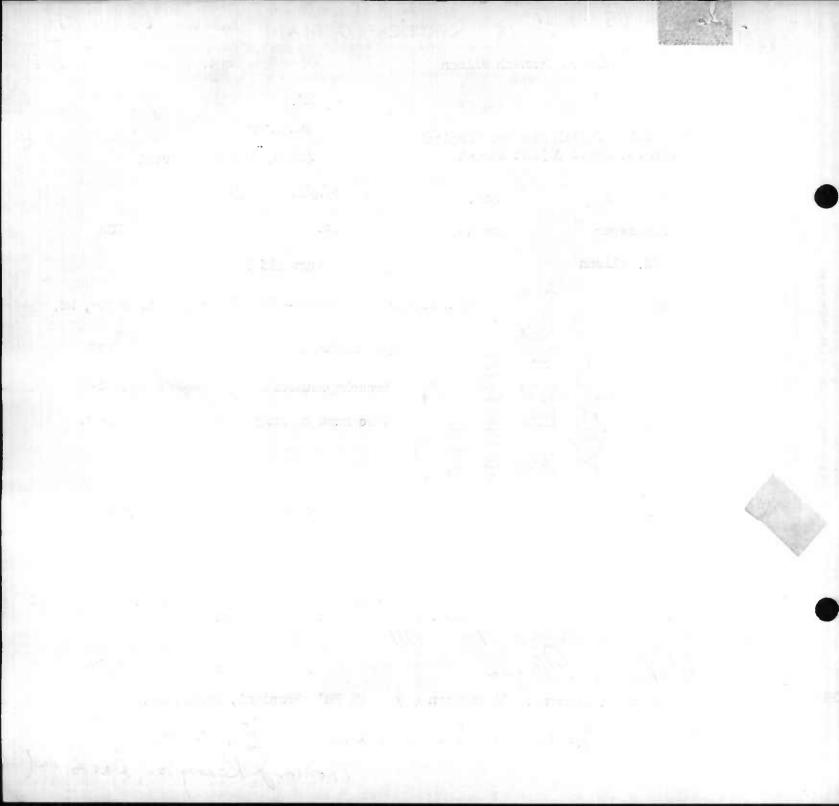
DEFINALE WHILE A STUAL COLORATION (Give laid of work 10.00 kind of Business or industry) DISCASSOR CONDITION CONTROLLY LEADING TO DEATH (Title dase not ment the mode of dying, e.g., book for other conspiculation with caused death) DISCASS OR CONDITION, if only, giving rise to the discose, injury or complication which caused death. DISCASSOR CONDITION, if only, giving rise to the discose, injury or complication which caused death. DISCASSOR CONDITION, if only, giving rise to the death of the discose, injury or complication which caused death. DISCASSOR CONDITION, if only, giving rise to the death of the discose, injury or complication which caused death. ANTECEDENT CAUSES DISCASSOR CONDITION Lest. Which caused death. ANTECEDENT CAUSES DISCASSOR CONDITION CONTRIBUTING TO THE BIODIFICANT CONDITION S. of only, giving rise to the obove cause (A) sloting the UNDREVING CONDITION (est.) Which caused death. ANTECEDENT CAUSES DISCASSOR CONDITION CONTRIBUTING TO THE DISCASSOR CONDITION CONTRIBUTING TO THE DISCASSOR CONDITION CONTRIBUTING TO THE DISCASSOR CONDITION CONDITION (est.) DISCASSOR CONDITION CONDIT		BALTIMORE CITY HEAL	TH DEPARTMENT	
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FULL NAME OF NOSTITAL OR THE NAME OF NOSTIAL OR STAND OR STAND OF NOSTIAL OR STAND OR ST	1. N (Ty)	LACY, MARY ELLEN (NELLIE F	K.) 9-6-66 11	. M.
ST. AGNES HOSPITAL D. STREET ADDRESS III MUST, DEVELOPMENT OF STATE OF SIETH STATE OF STATE	Part I	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION A, STA	ATE B. COUNTY MARYLAND TY OR TOWN (If outside city limits, write RURAL and give towash	
DECASE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO PROBLEMS OF CONDITIONS CONTRIBUTING LEADING CONDITIONS, all only, giving rise to the obove cause (A) soling the condition which caused death. DUE TO	4	ST. AGNES HOSPITAL D. STI	REET ADDRESS (If rurol, give locotion) 2723 MARYLAND AVENUE	2 00
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JOHN LACY S. West Decessed Ever in U. S. Armed Forces? Text-to or unknown! If yet, give wor or doles of service) 15. SOCIAL TY. INFORMANT ST. AGNES RECORDS -CATON & WILKENS TO JOHN SEED OF DEATH CAUSE OF DEATH INTERVAL SETWEEN ONSET AND DEATH INTERVAL SETWEEN ONSET AND DEATH ONSET AND D	don	e during most of working life, even if retired)	MARYLAND WHAT COUNTRY	
The control of the service of dotes of service of the service of t		JOHN TLACY	MARY COLGAN	
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21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? While At Work Not While Not While Not While Not While Not Work Not While Not While Not While Not Work Not Work Not While Not Work Not While Not Work	AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obcorrection) 2	out 21C. WHERE DID (If in Boltimore City, give exact locating, INJURY OCCUR?	ion)
that (1) (we) last sow the deceased alive an SEPTEMBER 6 19 66 and that in (my) (our) opinion death occurred on the and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Lamber Lambe	ā	OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE Lonwaldo L. Datr, M.D. Attending Med. Director Stoff Phys. Expt. 7,1966 23C. PHYTICIANS NAME (Type) Romualdo R. Dafor M.D. St. Agnes Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 9/10/1966 New Cethodres Baltimore. Md.		that (1) (we) last sow the deceased alive an SEPTEMBER 6	.1966ond that in(my) (our) opinion death occurred	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote Burial 9/10/1966 Natu Cathodres Baltimore. Md.		22A SIGNATURE	DOR DATE SIGNED	66
Burial 9/10/1966 Naw Cothedrel Baltimore, Md.		23C. PHYTICIAN'S NAME (Type) Romualdo R. Dafor M.D.		10
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York R				(State)
Baltimore 12. Md	25/	SEP 8 1966 OF REGISTRAR H	W. Jenkins & Sons Co. 4905 Yo. Baltimore 12	rk Rd.



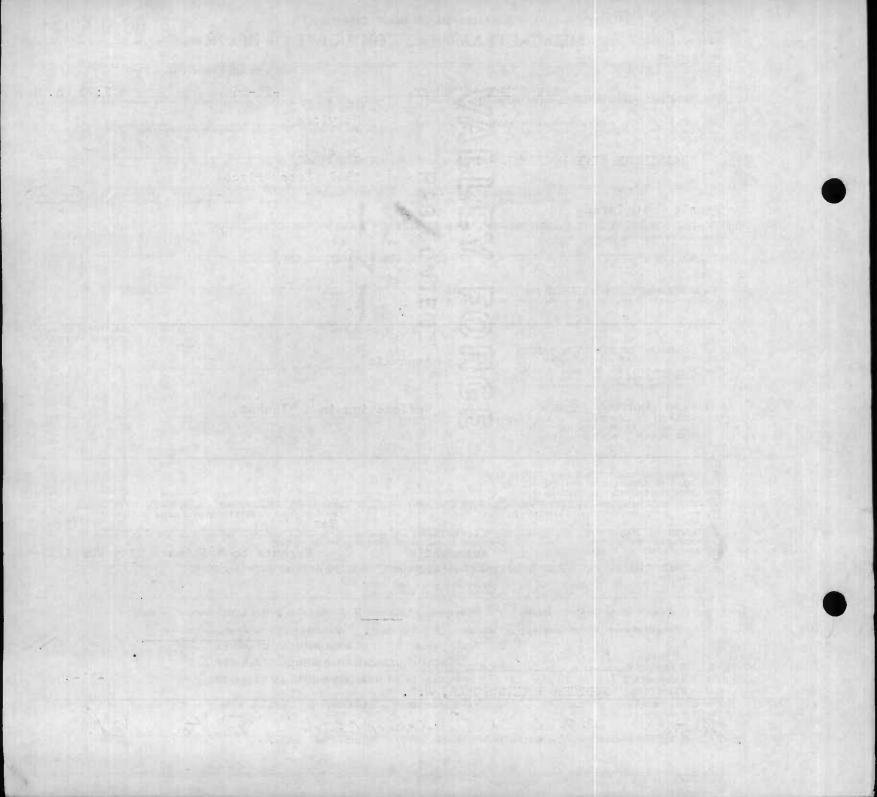
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to the hospital by a medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	1
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	11
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V	66 0906	7	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000		
M.E	TH NO.	4	CERTIFICA	TE OF DEATH		66 09067		
	Delbert Ke	enneth W	ilson	2. DATE A	Sept. 7, 10	966 3: 45 P.		
3, F	PLACE OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived, If ins	titutian: residence before admission		
	FULL NAME OF (If not in haspital		live street	Md. C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore				
	NSTITUTION US Public Health S		Hogni tol					
2	Wyman Pk. Drive & 3	Slst Str	eet	D. STREET ADDRESS (If rural, give location) 412 S. Stricker Street				
5. S	5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED Sep.			6. DATE OF BIRTH 5/4/18	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Manths Days Hours Min.		
dane during most of working life, even if retired) Shipkeeper Seafar			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fail	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME Ed. Wilson			14. MOTHER'S MAIDEN NA				
16		•	11./	Laura Dhi	ет	ADDRESS		
15. Was Decoased Ever in U. S. Armed Forces? (Yes,na ar unknawn) (If yes, give war ar dates of service) NO			16. SOCIAL SECURITY NO. 208-07-5664	17. INFORMANT Records- US PHS Hospita		al, Balto, Md.		
	18, 163 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY	(A) Pye	elonephritis		Days		
	(This does not mean the mode of heart failure, astheria, etc. It means injury at camplication which caused ANTECEDENT CAUSES	the disease,	conchopneumonia		Days			
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast.		CE (C)	arcinoma of lung	3	Mos.		
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	TED TO THE	E					
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER		VHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH? YOS		
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21 B. ham etc.)	e, farm, factory, street, at	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)		
MEDIC	21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)		INJURY OCCURRED le At Nat While At Wark	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) Ithis hospito) ottended th	ne deceased from	July 28	19 66 to Se	pt. 7 19 66		
	that (I) (we) last sow the decease		C4 1 104			ian deoth occurred on the da		
	and have and from the causes sta	red above. ()	(We) (did) (did) ylgh) v	lew the bady after death.				
	23A. SIGNATURE	M.D. Atte	ending Med.	StaffL	9/8/66			
	23C.PHYSICIAN'S	czav	Phy	s. Director 23D. ADDRESS	Phys.	9/0/00		
	Michael E. Pelcze	r, SA	Surgeon (R)	US PHS Hospi	tal, Balto, M	ld.		
24	BURIAL CREMATION, 248, DATE REMOVAL (Specify)		ame of CEMETERY of CRI		Da oto	y, tawn, ar caunty) (State)		
25A	A. DATE REC'D BY HEALTH DEPT. SEP 9 1966 (25B. NAME C	The second second	25C. FUNERAL DIRECTS	21/-	Le Ballo mol		
VS	150-REV. 1/1/65			The state of	, , , , , , ,			
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	66	09068		BALTIMORE CITY HEAD	TH DEPARTMEN	NT		66	090	168
BIRT	H NO. 66-	1979/ MED	ICAL E	XAMINER'S C	ERTIFICAT	TE OF D	EATH Registe	ered No		
	CASE NO.	CEACED				DATE AND	HOUR PRONOUNC	ED DEAD		
(Typ	e ar Print)							ID DEAD	2.20	A
3. P	LACE IN BALT	TIMORE MARYLAND, W	HERE PRONC	L DURRETT	A. STATE		eceased lived. If inst B. COU	itution: resid	2:20 ence befor	
FUL HO: INS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTI	TUTION, GIVE STREET	Maryla c. city of for Baltim	WN (If autside	carparate limits) write	RURAL on	2 tov	vnship)
	BALTI	MORE CITY HO	SPITAL	- DOA	D. STREET ADD					
5. S	EX	6. RACE		, NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Under	1 Yr. If Q	nder 24 Hrs.
	male	Colored		DIVORCED (specily)			last birthday)	Manths	5	9
		UPATION (Give kind of war warking life, even if retired)	NOB. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	country)	VHAT	COUNT	RY?
13. I	ATHER'S NAM	ΛE			14. MOTHER'S M	AIDEN NAME				
15 \	WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	116. SOCIAL	17. INFORMANT			ADDRESS	80.0	
		(If yes, give war ar dat		SECURITY NO.						
	18.	26.8		CAUSE	OF DEATH					L BETWEEN
	DISEA	SE OR CONDITION D			100				ONSET A	ND DEATH
	(This daes	nat mean the made of	dvina ea	(A) Asphy	cia,					•
	heart failure injury ar ca	, asthenia, etc. It mean mplication which caused	s the disease death.)							
		ANTECENDENT CAUS		(B) Suffoo	ation in	a blanke	t			
	RISE TO TH	OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	DUE TO						
Z	UNDERLII	NG CONDITION LAST.		(C)						
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN	LATED TO							
CERTI		F OPERATION 198. COL	NOTION FOR		Yes	1	OB. IF YES, WERE FIND CAU	SES OF DEA	ATH?	Yes
EDICAL	21 A. EXTERNA UNDERLYING UTING CAL	CAUSE WAS OR CONTRIB- USE OF DEATH.	21 E han etc.	A PLACE OF INJURY (e.g., ne, form, factory, street, Automobile	in ar about 21C. Validice bldg., INJUR	where DID (IF y occur? Enroute	in Baltimare City, gi	re Cit	y Hos	pital
	21 D TIME OF INJURY	(Manth) (Day) (Yes	nr) (Haur)	21E. INJURY OCCURRED		OM DID INJUR	RY OCCUR?		9	6-1
	(APPROX.)		m.	WHILE AT NOT AT W	WHILE ORK			9 1 8		14
	I cer	tify that I held an					basis, death in r			1
	resu	Ited fram: Natural co	ouses	Accident Suicid		IEDICAL EXA	determined mann	er 🛆		
	ACTUA		even	and un	ASSISTANT M				DATE	SIGNED
	EXAMIN NAME (NER'S	BRETTE	NECKER, M.D.	ASSOCIATE A				8-21	-66
	BURIAL CRE	MATION, 23B DATE		23C. NAME of CEMETERY		23 D. LO	CATION (City,	, tawn, ar c	ounty)	(State)
CR. 244	renated	9-7-1	24B. NAM	Medical Eynmin E OF REGISTRAR	24C. FUNER	RAL DIRECTOR	75AHo.	1	DDRESS	
		0 .000		on Tollins	C	ity ,	MORGUE	5		
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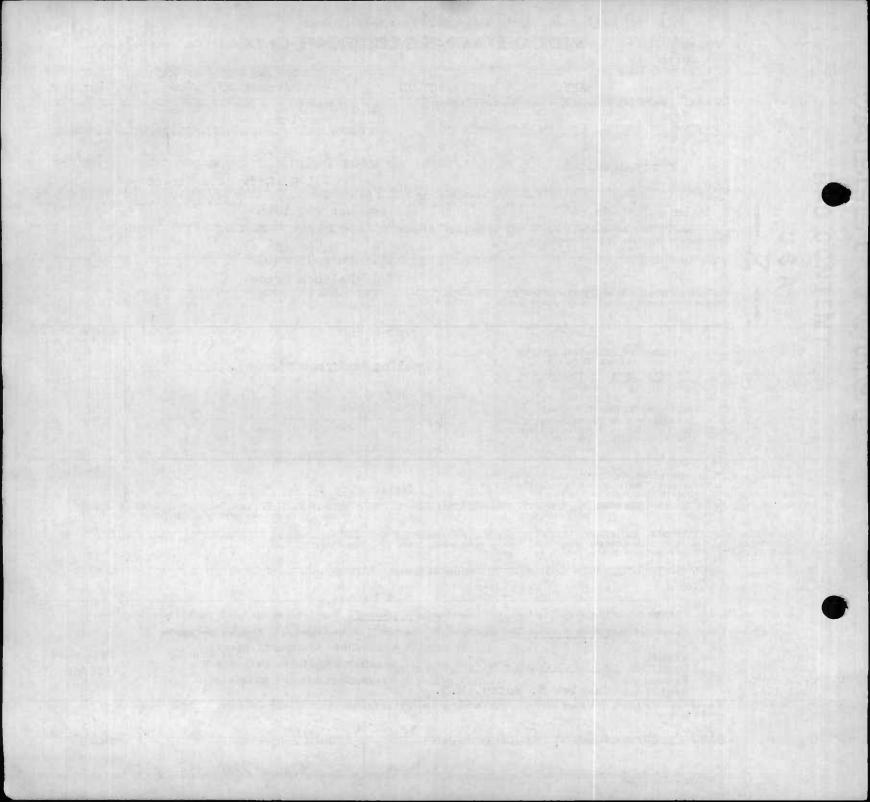
U-525	66 09069 BIRTH NO. 66-19937 MEDICA M.E. CASE NO.	BALTIMORE CITY HEALT			3 09069
	1. NAME OF DECEASED (Type or Print) NEWBORN			HOUR PRONOUNCED DEA	
	3. PLACE IN BALTIMORE, MARYLAND, WHERI		MALE (Found)		9:50 A M.
			4. USUAL RESIDENCE (Where A. STATE	B. COUNTY	sidence before damissian)
	HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN (If autside	carparate limits, write RURAL	and give township) 5-3/
	St. Agnes Hospital		D. STREET ADDRESS (If rural,	give location)	
	5. SEX 6. RACE 7. P	MARRIED, NEVER MARRIED	Unknown B. DATE OF BIRTH	9. AGE (In years If Uni	der 1 Yr. If Under 24 Hrs.
		DOWED, DIVORCED (specify)		losi birthdoy) Month	S Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. dane during mast af working life, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign		IZEN OF
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		WENTER
	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, na arunknawn) (If yes, give war or dotes of		17. INFORMANT	ADDRE	SS
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dying the digiting, sathenia, etc. It means the injury or complication which caused death	TLY (A) Cause (B) Cause (B) Cause	of Death Undeter	mined.	INTERVAL BETWEEN ONSET AND DEATH
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	GIVING DUE TO (C)			
	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM			208 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	DEATH?
	Z1A, EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- UTING □ CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	Yes n or obout 21C, WHERE DID (injury Occur?	If in Baltimare City, give exact	Yes lacation)
	21 D TIME (Month) (Doy) (Yeor) (OPPROX.)		21F, HOW DID INJU	RY OCCUR?	
	22. I certify that I held an Inqui	ry Inspection Auto	psy X and that an thi	s basis, death in my aplni	an
	resulted fram: Natural causes	Accident Suicide		ndetermined manner 🔀	
	ACTUAL SIGNATURE Char	le 1 try 40	CHIEF MEDICAL EX		DATE SIGNED
	EXAMINER'S		ASSOCIATE MEDICAL EX		5/24/66
	23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 9-7-66	23C. NAME OF CEMETERY OF	AMINER Office	SALTO.	(State)
		R NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ORGUE	ADDRESS
	VS 151-REV. 1/1/65	T to Guer	707		

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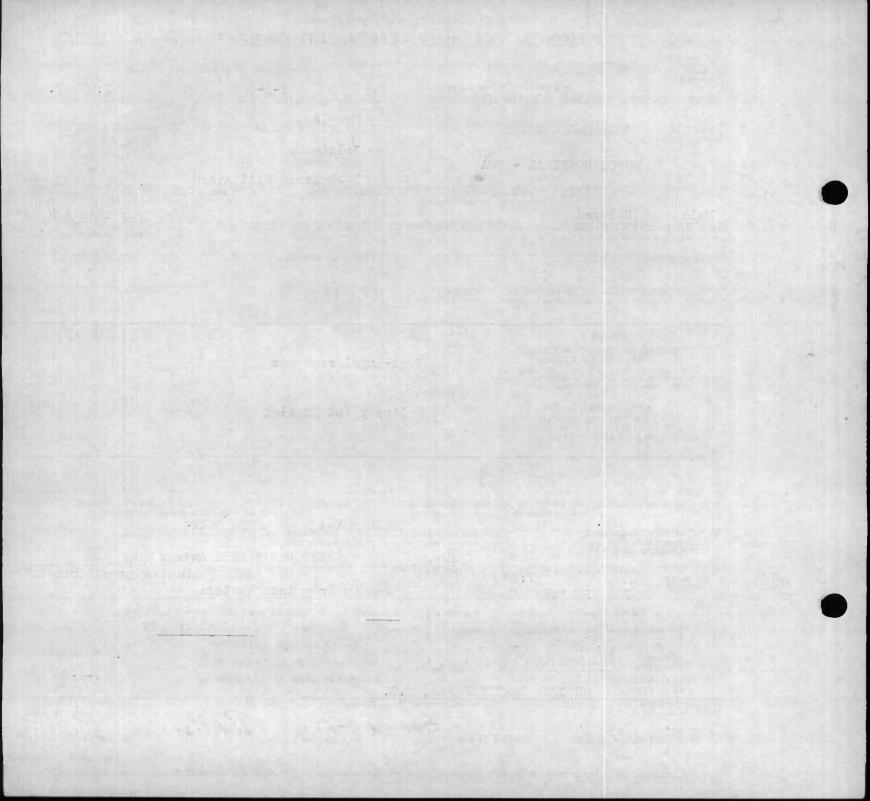
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)	09070	BALTIMORE CITY HEALTH DEPARTMEN

BALTIMORE CITY HEALTH DEPARTMENT	66 09070
EVALUATEDIC CERTIFICATE OF BEATUR	00 00010

1. NAME OF DE (Type or Print)	CEASED				2 DATE AN	D HOUR PRONOUNC	ED DEAD
	BABY		PRICE			st 25, 1966	11:50 A
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	NCE (Where	deceased lived. If inst	itution: residence before admissio
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITU	THE THE MORE	Mar	yland		
HOSPITAL OR	(IF NOT IN HOSPIT. ADDRESS OR LOCA	TION)	THE STREET	C. CITY OR TOV	/N (If outsid	e corporate limits, write	RURAL and give township)
				Bal	timore		1-00
Mer	cy Hospital			D. STREET ADDE			
51						fayette Str	eet
5. SEX Male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	August 24		9. AGE (In years last birthday)	Manths Days Hours Min.
IOA. USUAL OCC	CUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF
	working life, even if retired)				land		WHAT COUNTRY?
13. FATHER'S NA	ME	1		14. MOTHER'S M.			
					la Pric		William III
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	.a IIIC		ADDRESS
	n) (If yes, give wor ar date		SECURITY NO.	- Interest and a second			7,001,00
1B. /	3.5		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEA	ASE OR CONDITION DE						
(This does	LEADING TO DEATH		(A) Hyali	ne Membran	e Disea	ase.	
heort foilur	e, asthenio, etc. It means amplication which caused	the disease,	DUE TŌ				
,0,, 0.	ompression which cosses	4.011111					Will tall the
	ANTECENDENT CAUSE		(B)				
RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO				
	ING CONDITION LAST.		(C)		•••••		
٥							
7	SNIFICANT CONDITIONS		NG				
OTHER SIG							
E TO THE	DEATH BUT NOT RE		HE Imm.	aturity .			
TO THE DISEASE O	F OPERATION 198, CON	OIT.			(Yes or No)		NDINGS CONSIDERED
F	OR CONDITION CAUSING	OIT.				20B. IF YES, WERE FI	
19A. DATE O	F OPERATION 198, CON WAS PER	O IT. IDITION FOR THE FORMED	WHICH OPERATION PLACE OF INJURY (e.g.,	20A. AUTOPSY	HERE DID	IN CERTIFYING CAU	SES OF DEATH? Yes
19A. DATE O	F OPERATION 198, CON WAS PER	O IT. IDITION FOR THE FORMED	WHICH OPERATION	20A. AUTOPSY	HERE DID	IN CERTIFYING CAU	SES OF DEATH? Yes
19A. DATE O	F OPERATION 19B. CON WAS PER AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	DITON FOR FORMED	WHICH OPERATION PLACE OF INJURY (e.g.,	20 A. AUTOPSY Ye: in ar about 21 C. W infice bldg., INJURY	HERE DID OCCUR?	IN CERTIFYING CAU	SES OF DEATH? Yes
19A. DATE O	F OPERATION 198. CON WAS PER AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	O IT. IDITION FOR THE STATE OF	WHICH OPERATION PLACE OF INJURY (e.g., farm, factory, sheet, continued to the sheet of the shee	20A. AUTOPSY Yes in or about 21C. W office bldg., INJURY	HERE DID OCCUR?	IN CERTIFYING CAU	SES OF DEATH? Yes
19A, DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING CAI	F OPERATION 19B. CON WAS PER AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	O IT. IDITION FOR THE STATE OF	WHICH OPERATION PLACE OF INJURY (e.g., farm, factory, sheet, control of the cont	20 A. AUTOPSY Ye: in ar about 21 C. W infice bldg., INJURY	HERE DID OCCUR?	IN CERTIFYING CAU	SES OF DEATH? Yes
19A. DATE O	F OPERATION 19B. CON WAS PER AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	O IT. IDITION FOR Y FORMED 218. hame etc.) i) (Hour) 2	PLACE OF INJURY (e.g., form, foctory, sheet, of the injury occurred while at a not work at w	20A. AUTOPSY Yes in or about 21C. W ffice bldg., INJURY 21F. HC	S HERE DID OCCUR?	IN CERTIFYING CAU	SES OF DEATH? Yes
19A, DATE OF THE	OR CONDITION CAUSING F OPERATION 19B. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo	O IT. IDITION FOR 1 FORMED 21 B. hame etc.) i) (Hour) 2 m. V	PLACE OF INJURY (e.g., farm, factory, sheet, or the injury occurred while AT NOT WORK AT W	20A. AUTOPSY Yes in or about 21C. W ffice bldg., INJURY 21F. HC YORK apsy X and	HERE DID OCCUR?	IN CERTIFYING CAU (If in Baltimare City, gi URY OCCUR?	ses Of DEATH? Yes ve exact location)
19A, DATE OF OUTDING CAN CAPPROX.) 21A, EXTERN OUTDER YING CAN CAPPROX.) 22. I ce	OR CONDITION CAUSING F OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo	O IT. IDITION FOR 1 FORMED 21 B. hame etc.) i) (Hour) 2 m. V	PLACE OF INJURY (e.g., farm, factory, sheet, or the injury occurred while AT NOT WORK AT W	20A, AUTOPSY Ye in ar about 21C, W affice bldg, INJURY 21F, HC WHILE ORK Apsy X and	SWHERE DID OCCUR?	IN CERTIFYING CAU (If in Baltimare City, gi URY OCCUR?	ve exact location) ny apinlon er
19A, DATE OF OUT OF THE OF INJURY (APPROX.) 21. I ce	OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo rtify that I held an I	218, hame etc.) (Hour) 2 nquiry uses 2	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, or form) IE. INJURY OCCURRED WHILE AT NOT NOT YORK Inspection Augusticident Suicid	20A, AUTOPSY Ye in ar about 21C, W affice bldg, INJURY 21F, HC WHILE ORK tapsy X and CHIEF MI	SWHERE DID OCCUR? WHO DID INJU	IN CERTIFYING CAU (If in Baltimare City, gi IRY OCCUR? Is basis, death in r Judetermined mann AMINER	ve exact location) ny apinlon er DATE SIGNED
19A. DATE OF THE O	AL CAUSE WAS OR CONDITION CAUSING F OPERATION 19B. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo rtify that I held an I wilted fram: Natural ca	21 B. hame etc.) r) (Hour) 2 m. v nquiry uses X	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, or the she	20A, AUTOPSY Ye in ar about 21C. W office bldg., INJURY 21F. HC WHILE ORK Apsy X and CHIEF MI ASSISTANT MI	S WHERE DID OCCUR? W DID INJU that an thi de	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann CAMINER KAMINER	ve exact location) ny apinlon er
19A, DATE OF THE OF THE OF INJURY (APPROX.) 21. I ce resu	TURE DR CONDITION CAUSING F OPERATION 198, CON WAS PER 198, CON	21 B. hame etc.) r) (Hour) 2 m. v nquiry uses X	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, or the she	20A, AUTOPSY Ye in ar about 21C, W affice bldg, INJURY 21F, HC WHILE ORK tapsy X and CHIEF MI	S WHERE DID OCCUR? W DID INJU that an thi de	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann CAMINER KAMINER	ve exact location) ny apinlon er DATE SIGNED
21A, EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. 1 ce rest ACTUA SIGNA EXAMI NAME 23A. BURIAL CR	TURE NER'S (Type) CONDITION CAUSING FOPERATION 198, CON WAS PER 198, CON WAS PE	218. hame etc.) (Hour) 228. hame etc.) (Hour) 2 8. Pett	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, or the she	20A, AUTOPSY Ye in or about 21C, W office bldg, INJURY 21F, HC WHILE ORK Appy X and CHIEF MI ASSISTANT MI ASSOCIATE M	S WHERE DID OCCUR? W DID INJU that an thi de	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann (AMINER KAMINER KAMINER KAMINER	ve exact location) ny apinlon er DATE SIGNED
19A. DATE OF DATE OF INJURY (APPROX.) 21A. EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. 1 ce rest ACTUA SIGNA* EXAMI NAME	TURE NER'S (Type) CONDITION CAUSING FOPERATION 198, CON WAS PER 198, CON WAS PE	218. hame etc.) (Hour) 228. hame etc.) (Hour) 2 8. Pett	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, other foctory) TE. INJURY OCCURRED VHILE AT NOT AT W Inspection Autorities M.D. M.D.	20A, AUTOPSY Ye in or about 21C, W office bldg, INJURY 21F, HC WHILE ORK Appy X and CHIEF MI ASSISTANT MI ASSOCIATE M	S WHERE DID OCCUR? W DID INJU that an thi de	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann (AMINER KAMINER KAMINER KAMINER	ses of DEATH? Yes ve exect location) ny apinlon er DATE SIGNED 8/25/66
21A, EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. 1 ce rest ACTUA SIGNA EXAMI NAME 23A. BURIAL CR REMOVAL (Speci	CR CONDITION CAUSING FOPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo rtify that I held an I wilted fram: Natural ca Natural Cause NER'S (Type) Charles EMATION, 238. DATE	Pett	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, other foctory) TE. INJURY OCCURRED VHILE AT NOT AT W Inspection Autorities M.D. M.D.	20A, AUTOPSY Ye in or obout 21C, W office bidg, INJURY 21F, HC WHILE ORK CHIEF MI ASSISTANT MI ASSOCIATE M OF CREMATORY	S WHERE DID OCCUR? W DID INJU that an thi de	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann (AMINER KAMINER KAMINER KAMINER	ses of DEATH? Yes ve exect location) ny apinlon er DATE SIGNED 8/25/66
21A, EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. 1 ce rest ACTUA SIGNA EXAMI NAME 23A. BURIAL CR REMOVAL (Speci	TOPERATION CAUSING F OPERATION 19B. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yeo rtify that I held an I rilted fram: Natural ca NATURE NER'S (Type) Charles EMATION, 23B. DATE fy) (POPERATION CAUSING FOR CONTRIB- WAS PER WAS PER AL CAUSE WAS WAS PER WA	Pett	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, or the property of the property	20A, AUTOPSY Ye in or obout 21C, W office bidg, INJURY 21F, HC WHILE ORK CHIEF MI ASSISTANT MI ASSOCIATE M OF CREMATORY	That an thide UEDICAL EXEDICAL EXECUTED LEADER 1	IN CERTIFYING CAU (If in Baltimare City, gi JRY OCCUR? Is basis, death in r Jndetermined mann (AMINER KAMINER KAMINER KAMINER	ses of DEATH? Yes ve exect location) ny apinlon er DATE SIGNED 8/25/66



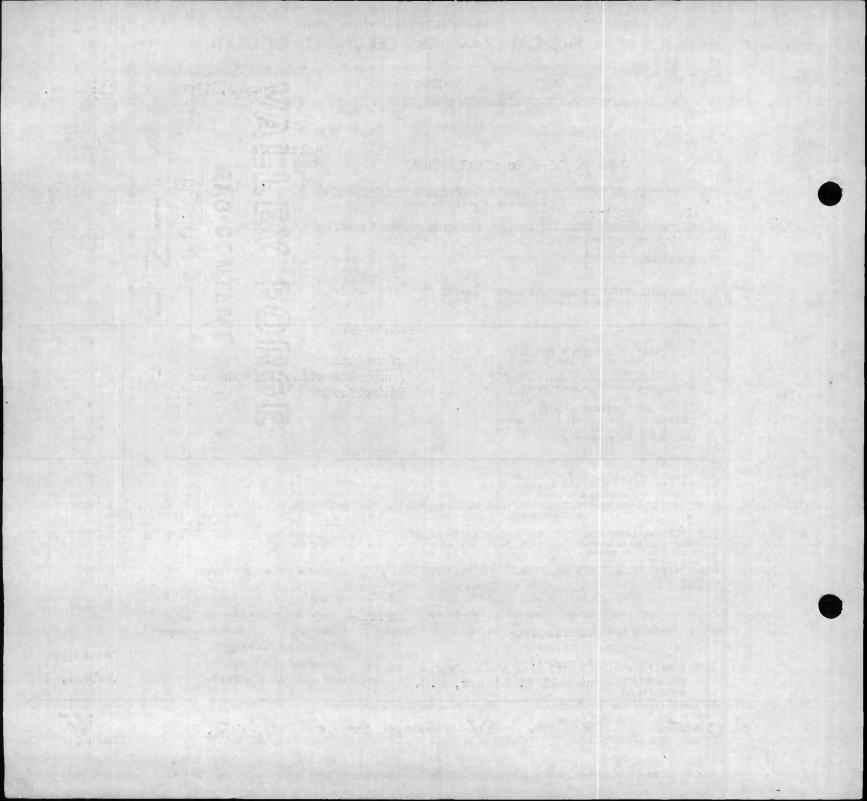
	56	J9071		BALTIMORE CITY HEA	LTH DEPARTMENT		00	00074
BIR	TH NO. 66 -	20717 MED	DICAL E	XAMINER'S C	ERTIFICATE	OF DEAT	H Registered No	<u> 09071</u>
	E CASE NO.							
l. (Ťy	NAME OF DE	CEASED			2.	DATE AND HOUR	RONOUNCED DEA	AD
2 1	I ACE IN PAL	BA	BY	MOORE	The succession of the successi	7-5-66	P 1 17 2 2 2 2 2	1:00 P. M.
3. 1	LACE IN BAL	IIMORE MARILAND,	WHERE PRONG	OUNCED DEAD			B. COUNTY	residence before admission
HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Maryland c. city of town Baltimon	(If outside corporate	limits, write RURA	ond give township)
		MERCY HOSPI	TAL - D	OA		S (If rurol, give locat		
5. 5	FY	6. RACE	7 AA ADDIE	D, NEVER MARRIED	8. DATE OF BIRTH	id Hill Av		nder 1 Yr. If Under 24 Hrs
				DIVORCED (specify)	C. DATE OF BIRTIS	lost bi	rthday) Mont	hs Dovs Hours Min.
1	Male	Colored UPATION (Give kind of we	ork TOB. KIND	OF BUSINESS OR INDUSTR	YIII. BIRTHPLACE (Sid	te or foreign country)	Le	ss than 1 hou
		working life, even if retired						HAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME		
					TO FELLE			
		ED EVER IN U.S. ARMI		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDI	RESS
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	18.	90:		CAUS	OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY					ONSET AND DEATH
	(This does	not meen the mode	of dvina, e.a.	DILE TO	natal asph	yxia	***************************************	
	heart foilure injury or co	e, osthenio, etc. It meo implication which coused	ns the diseose I death.)	, , , , , , , , , , , , , , , , , , , ,				
		ANTECENDENT CAU	SES	D-14				
		OR CONDITIONS, IF		DUE TO	very into to	olier		
_		NG CONDITION LAST		(C)				
Ó		II		(0)				
CAT	OTHER SIG	NIFICANT CONDITION	S CONTRIBUT	ING				
ERTIFICATION		DEATH BUT NOT FOR CONDITION CAUSIN		THE			•••••	
CE.	19A. DATE O		NOTION FOR	WHICH OPERATION	20 A. AUTOPSY?	Yes or No) 20B, IF YE	S, WERE FINDINGS	
4	21 A EXTERNA	AL CAUSE WAS	21.5	. PLACE OF INJURY (e.g.,	Yes		Yes	
	UNDERLYING	SOR CONTRIB-	hon	ne, farm, foctory, street,	office bldg., INJURY C	CCUR?		41
MED	21D TIME			Home		Druid Hill		
	OF INJURY		7:00		WHILE		riother	gave birth to
	22.	7 5 6	6 AM.		ORK Baby	into toile	τ	
		tify that I held an	Inquiry	Inspection Au	tapsy X and t	hat on this basis,		ilan
	resu	Ited fram: Natural c	auses	Accident Suicio			ined manner XX	
	ACTUA	1 10/	TO TO	70		ICAL EXAMINER		DATE SIGNED
	SIGNAT	URE	july ce	" The M.C	ASSISTANT MED			7-6-66
	HAME (ER BREI	TENECKER, M.D		DICAL EXAMINER		7-0-00
23 A	BURIAL CRI	MATION, 23B, DATE		CON AME OF CEMETERY		23D. LOCATION	(City, town,	or county) (Stote)
-	REMATE C	1 3.7.	66	Medical Examin	ISE OFFICE	450	Itx.	110
1		BY HEALTH DEPT.	248, NAM	E OF REGISTRAR	24C. FUNERAL	DIRECTOR		ADDRESS
		3EP 9 156	10 06 Ce	w 2. Saleum	1 10,7	MARK	1. 5	
VS	151-REV. 1/1/	/65	509			The Section of the Se	- C- F	



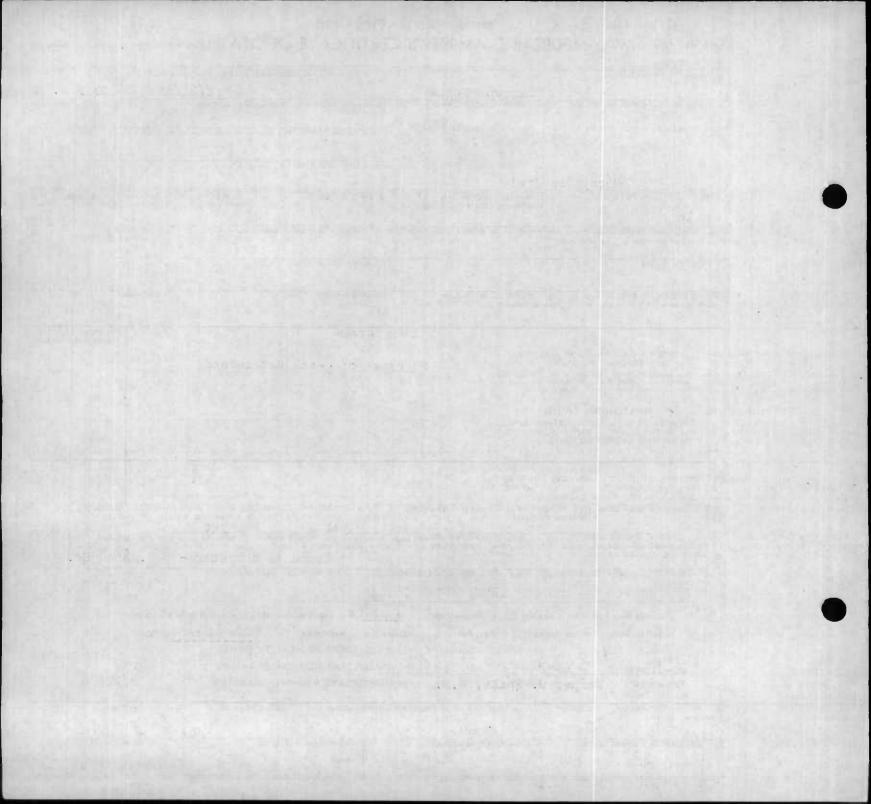
00 10 179	
66 09072	BALTIMORE CITY HEALTH DEPARTMEN

66 09072

BIR M.	TH NO. 66-/	2920 MED	ICAL EX	CAMINER'S	CERTIFICATE OF	DEATH Registe	red No.
1.	NAME OF DECE pe or Printl	TO	NY	WRIGHT		nd hour pronounce	11:10 A.M.
3.	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	INCED DEAD			itution: residence before odmission)
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outsi	ide corporote limits, write	
-		John Hopki	ns Hospi	ital (DOA)	D. STREET ADDRESS (If rure	Principal Control Control	t
5.	Male 6	Colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 2 wks.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of wor orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	ME	
		EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
ERTIFICATION	(This does no heart failure, of injury or comparing the co	EATH BUT NOT RE	dying e.g., the discose, death.] ES NNY, GIVING TATING THE CONTRIBUTIN	(A) DUE TO AC Di	tonitis ute Diverticulit verticulum	is of Meckel	ONSET AND DEATH
O	19A. DATE OF	WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	SES OF DEATH?
EDICAL	UNDERLYING CAUSI	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct locotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W	VHILE AT NOT NOT AT	21F. HOW DID IN.	JURY OCCUR?	THE PERSON
		R's Russel	nquiry uses A	Inspection Au	and that an t	XAMINER	
REA	BURIAL CREM MOVAL (Specify) REMATER A. DATE REC'D B	9-7-	66 N	C. NAME OF CEMETERY PEDICAL EXAMINE OF REGISTRAR	or CREMATORY 23D. 23D. 24C. FUNERAL DIRECTO	BAlto.	town, or county) (State) ADDRESS
146	SE	P 9 1966 (P.O. dr	e starbone	O CITYON	MORGHE	



0,0	: 9073 -19936 MED		BALTIMORE CITY HEA	ERTIFICATE OF	DEATH Registe	bb U9073
M.E. CASE NO.						
1. NAME OF DE	CEASED	1		2. DATE	AND HOUR PRONOUNC	
3. PLACE IN BAL	TIMORE, MARYLAND, W		n Fetus	4. USUAL RESIDENCE (Wh	8/21/6	
				A. STATE	B. COL	itution: residence belore odmission JNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)			
	Mercy Hos	pital			The state of the	
male	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months, Doys Hours Min. 2?
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working lile, even if retired)			11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This does heart failure injury or co	USE OR CONDITION DI LEADING TO DEATH not meen the mode of c, esthenic, etc. It meens emplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST.	dying, e.g., the disease, death.)	(A) NO CE DUE TO	use of death de	etermined	
	NG CONDITION LAST.		(C)			
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T				
19A. DATE 0	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208. IF YES, WERE FII IN CERTIFYING CAUS	
✓ 21 A. EXTERNA O UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C, WHERE DIE	(II in Boltimore City, gi	ve exact location)
<u> </u>	JSE OF DEATH.	etc.)		found in	n dumpster - 8	8 S. Bond St.
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	WHILE AT NOT NOT	21 F. HOW DID I	NJURY OCCUR?	
22.	rtify that I held an I	nguiry 🗌	Inspection Au	utapsy X and that an	this basis, death in m	ny apinlan
	Ited from: Natural ca		Accident Suici		Undetermined manne	
	1110		(),_	CHIEF MEDICAL		
ACTUA		es la	705/4	ASSISTANT MEDICAL		DATE SIGNED
EXAMII NAME (NER'S Werner	U. Spit	z, M.D.	ASSOCIATE MEDICAL	EXAMINER	8/22/66
	9-7-	66 A	4 90 -	IN CR OFFICE	D. LOCATION (City,	ADDRESS (State)
	SEP 9 1966	Polsel	, E. FailerMA	C174.1	MIRGUE	
VS 151-REV. 1/1.	165 1 9 9 6 1	7				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Begased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

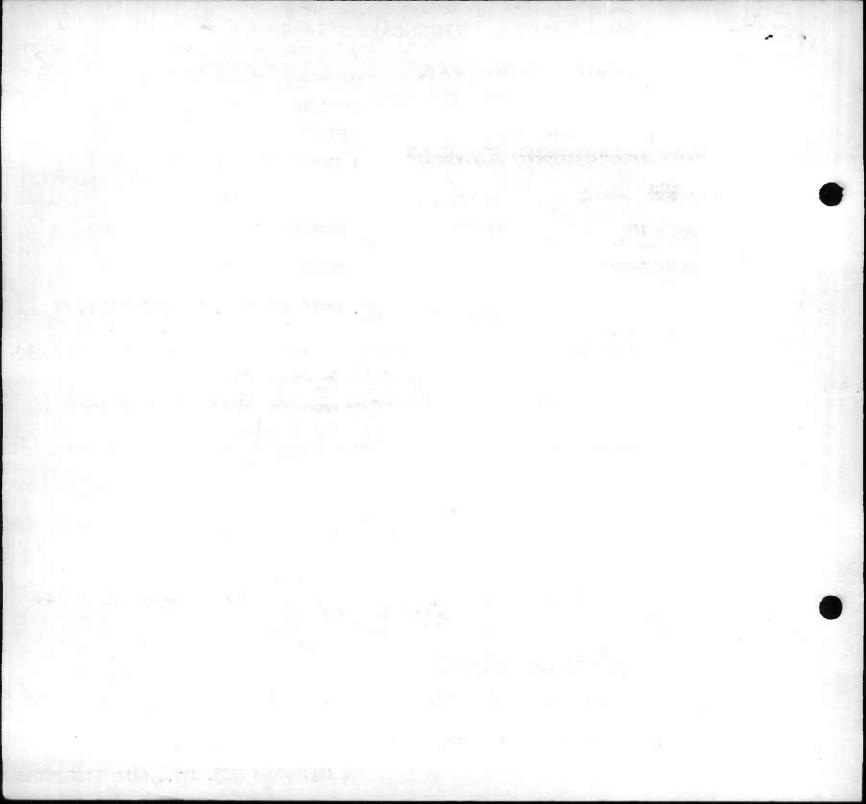
			i projekt	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	00 00004
	CASE NO.	66 09	14	CERTIFICA	ATE OF DEATH	Registered No.	66 09074
	ME OF DECEA	BAER	RAYA	IOND ARTI	4UTZ 8/39	66 11 30	PAY
3. PL /	ACE OF DEAT	H IN BALTIMORE, M			4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution; residence before admiss
FUI	LL NAME OF	(If not in hospito	l or institution.	give street	AD THE	STEFF ALI	LEGANY
HO	SPITAL OR	address or locati	on)		C. CITY OR TOWN (If our	tside city limits, write l	RURAL and give lawnship)
		VE Q JITY	SIFE GH	-DC	FROSTBU		51-00
8		00123711			D. STREET ADDRESS (IF	rural, give location)	157 - CARLO
. SEX	M 6	RACE		D. DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Hours Mit
		ATION (Give kind of working life, even if retired)		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
agne u		CLK		P MARKET	TROSTRITOC:	MADVI AND	U.S.A.
3. FA	THER'S NAME		24 00	2 Pizzettini	FROSTBURG		
	RAYMO	OND S. BAR	er.		3=ATRIC	E HLEXI	UNDER
5. Wo	s Deceased E	ver in U. S. Armed F.	orces?	1 6. SOCIAL	17. INFORMANT	ED 0 00	ADDRESS
NC NC		f yes, give war ar da	tes of service)	216-40-3123	MPC PATHONE	FRUST	BURG, MD.
18		6 V I			MRS. RAYMONE	DAER, K.F	INTERVAL BETWEEN
10	00	OR CONDITION D	IDECTI V	CAUSE	O. DEATH		ONSET AND DEATH
		EADING TO DEATH			RUPTURED CE	RESERVE DINE	swaiting 4 days
(1	This daes nat	mean the made o	of dying, e.g.,	DUE TO			/-
		sthenio, etc. It mean icatian which cause					
		TECEDENT CAUSE		(B)			
				OUE TO	· · · · · · · · · · · · · · · · · · ·	9 H-99997777777 720000 8 0 WAA4 0 000 0 000 0 000 0	
		abave cause (A)					
U	INDERLYING	CONDITION last.				r	
		11					
원기	O THE DEA	CANT CONDITIONS ATH BUT NOT REI	LATED TO TH				
	A. DATE OF	ONDITION CAUSING	IT.		T20 A ALLEGO CVC (V No	N 200 15 Yes 14005	This continues
ATIFIC 19	A. DATE OF C		REPORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?
	A. ACCIDENT	WAS UNDERLYING	216	PLACE OF INITION	in or about 21 C. WHERE DID	(If in Rollinger	City, give exact location)
_ 0	R CONTRIBUTE	WAS UNDERLYING NG CAUSE OF redical examiner)	har	ne, form, factory, street,	office bldg. INJURY OCCUR?	tii iii baiiimore	ony, give exact localian
0 21		Month) (Day) (Year) (Haur) 21 E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Z (A	F INJURY		W	nile At Not Wh			1
25	2 1	10/15:1			0/20//26	66 31	80/66
		not (1) (this hospite		0 / 20	1 1 6	19 00 to 0/	30/00 19
1th	at (1) (we) I	st saw the deceas	sed olive on	100	19 (d) and th	ot in (my) (our) opi	nian deoth occurred on the
			oted obove. (1) (We) (did) (did not)	view the body ofter deoth.		/ /
23	A. SIGNATUR	//0	hal.	1			23B, DATE SIGNED
		() sur	9	M.D. A	tending Med. ys. Director	Staff Phys.	8/50/66
23	C. PHYSICIAN NAME (Typ	e)			23D. ADDRESS	a / 1 mm/	212
	A	COCTONS	SCHU	PAK M.D	. しんいき	asity me	DIF,
	BURIAL CREM	ATION, 24B. DATE	24C, N	AME of CEMETERY OF C	REMATORY 24D. L	OCATION (Ci	ty, tawn, ar caunty) (Stat
-	REMOVAL (Sp.						
	RIAL	SEPT.3	1966	VALE SUMMIT	CEMETERY V	ALE SUMMIT	MARYLAND
ZOA. I	DATE REC'D B	HEALIN DEPL.	ZOD: NAME	OF REGISTRAR	LAFER FUNERAL DIRECTOR		ADDKE22
	-	EP 9 1966	0 2	r & Janboutha	FROSTBURG	Mb HMARIES	WAIN ST.

TARREST IN THE STATE OF THE STA

	BALTIMORE CIT	Y HEALTH DEPARTMENT
	IRTH NO. 66 U9075 CERTIFICA	ATE OF DEATH Registered No. 66 09075
1.	NAME OF DECEASED Type or Print) TENNIF WEINSTOCK	2. Date and Hour of Death Leps 6/66 2. F.P. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township)
e la c	, BELVEDERE NURSING HOME	BATIMORE 53-00
	######################################	D. STREET ADDRESS (If rural, give lacation) 1 STURGIS COURT #8
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10	6A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF
do	ane during most of warking life, even if retired) HOUSEWIFE AT HOME	AUSTRIA WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DAVID FARBER	UNKNOWN ?
15 (Y	S. Was Deceased Ever in U. S. Armed Farces? (es,no of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO	MR. DAVID WEINSTOCK, 1 STURGIS PLACE, #8
Γ	3 9 1 1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lens carcinoma - kute 1. +5 - 2 to this
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	ans carcinoma-puta Lyetri- metastus.
ř	injuly of complication which caused death.)	Wanter mellion -
	ANTECEDENT CAUSES (B) DUE TO	kni Schentie Cardio Vasa Diseas
	DISEASES OR CONDITIONS, If ony, giving	
	UNDERLYING CONDITION lost.	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TIELL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		in or about 21C, WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
1	U	21F. HOW DID INJURY OCCUR?
AAS	21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED While At Not Who Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from	7 196 8 10 Sar 6 1966.
	that (I) (we) lost saw the deceased alive an	ond that in(my) (our) opinion death accurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	Nathant Naedle M.D. A	mending Med. Sion
	NATHON E. NEEDLE M.D	23D. ADDRESS 4 VIS - Park 17 sp Mr. Bag solish
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	23D. ADDRESS 4VIS-Park 1256 Mr. Balsvirh
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	23D. ADDRESS 4 VIS - Park 13 bm Salsvirh REMATORY 24D. LOCATION (City, town, or county) (State)
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	23D. ADDRESS 4 V/5 - Park / Jb Mr. Salso 11/h REMATORY 24D. LOCATION (City, town, or county) (State)

LEVINSON & BROS. INC., 6010 REISTERSTOWN

VS 150-REV. 1/1/65



VS 150-REV. 1/1

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JA		0.0		BALTIMORE	CITY HEALTH DEPARTM	MENT	00 110070
4	1	TH NO. 55	09076	CERTIFI	CATE OF DEA	TH Registered No	66_09076
Şαc	1. N	TAME OF DECEASED	/	11	2, 0	DATE AND HOUR OF DEATH	1
÷		AD	ra Maw	Harris	JA LISUAL RESIDEN	ept 4th 19	66 7.30 Am.
death		Sinai Hos	. /	of Baltin	A. STATE	Baltimor	institution: residence before odmission) Residence before odmission)
9	'		Hospital		Balti	more	27-18
prior e.	-2)_			D. STREET ADDRESS	1	Ive
eceased pour	5. 9	MALE 6. RACE	White 7.1	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specif	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
cedi n is		USUAL OCCUPATION during most of working life		KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
d ÷	0011	Account		Sinai Hospital	Rus	ssia	USA
the	13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
		Louis	Harris			Sophie ?	
° =	15. (Ye:	Was Deceased Ever in Us, no or unknown) (If yes,	J. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final				214-05-38	0 Mrs. Eth	el Harris 5418	Jonquil Avenue
attendance med or fina		18.420;	/1		SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
atter			ÔNDITION DIRECT G TO DEATH	LY	Norta Wie	pardial T.C.	tion 10 days
		(This does not mean heart failure, osthenia,			Heore My	ocardia Lujaro	TION 10 GUYS
gular embal		injury or camplication			ASC	117	Un Known
en		ANTECE	DENT CAUSES	(BI	HJC	V	Duknowu
in re s are		DISEASES OR CON rise to the abave UNDERLYING COND	cause (A) slo		~ ~ ~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0000000000000000000000000000000000000	2
_		UNDERETING COND	IIION Idsi.		·		
	CERTIFICATION	OTHER SIGNIFICANT (TO THE DEATH B DISEASE OR CONDITION	SUT NOT RELATED	TRIBUTING TO THE			
physician fore the re	FIC	19A. DATE OF OPERATI	ON 198, CONDITION	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Y		FINDINGS CONSIDERED AUSES OF DEATH?
phy	CERT	21 A. ACCIDENT WAS	UNDERLYING	218. PLACE OF INJURY	e.g., in or obout 21C. WHERI	E DID (If in Boltime	ore City, give exact location)
be	ICAL	OR CONTRIBUTING DEATH (notify medical	exominer)	home, form, foctory, streetc.)	et, office bldg., INJURY OC	CCU R?	
and (6) Pobtained	MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeorl (H		While Work	DID INJURY OCCUR?	
and				tended the deceased fram.		1 19 66 to SE	pt 4th 19 66
); 0		that (1) (we) last say	w the deceased al	ive an Sept 41	4 19 66	and that in (my) (aur) ap	vinian death accurred an the date
ath st b				abave. (1) (We) (Mid) (did n			
death); must be		23A. SIGN ASTURE	7		A., E	6. n. • .	238, DATE SIGNED
\$ =		the to	emules	fue M.D.	Attending Med. Phys. Direct	or Phys.	Sept 474 1966
o v		23C. PHYSICIAN'S NAME (Type)	11.	Dente V.	23D. ADDRESS	11 .11	1 0 4.
9	240	Wil	liam C	90114314	M.D. Sinai	Hospilal C	1 Dallimore
deceased prior to written approval	244	REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY O			City, town, or county) (Stote)
tte	25.4	Burial A DATE REC'D BY HEAL	9/5/1966 TH. DEPT. 1258	Farband Cem	etery 25C. FUNERAL D	Baltimore, N	lary Land
W			40CC (A)	none In Com	Sol Levin	son & Bros. 601	O Reisterstown Road

Ja Carpa

Baltwerr 54H Jones Ave 74/04 62 M W Married Resein DESCRIPTION OF SHEET AND ADDRESS AND Acorto Hyscardial Infortin ASCV) Sur Huge to

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BALTIMORE CITY HEALTH DEPARTMENT 66 09077 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) BEULAH MCDONALD 9/4/66 7:15 PM
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY MARYLAND (If outside city limits, write-RURAL and give township) It Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA WILKENS & CATON INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exoct location) and that in (My) (our) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) (Stote) SA. DATE REC'D 25B. NAME OF REGISTRAR ADDRESS FUNERAL DIRECTOR

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

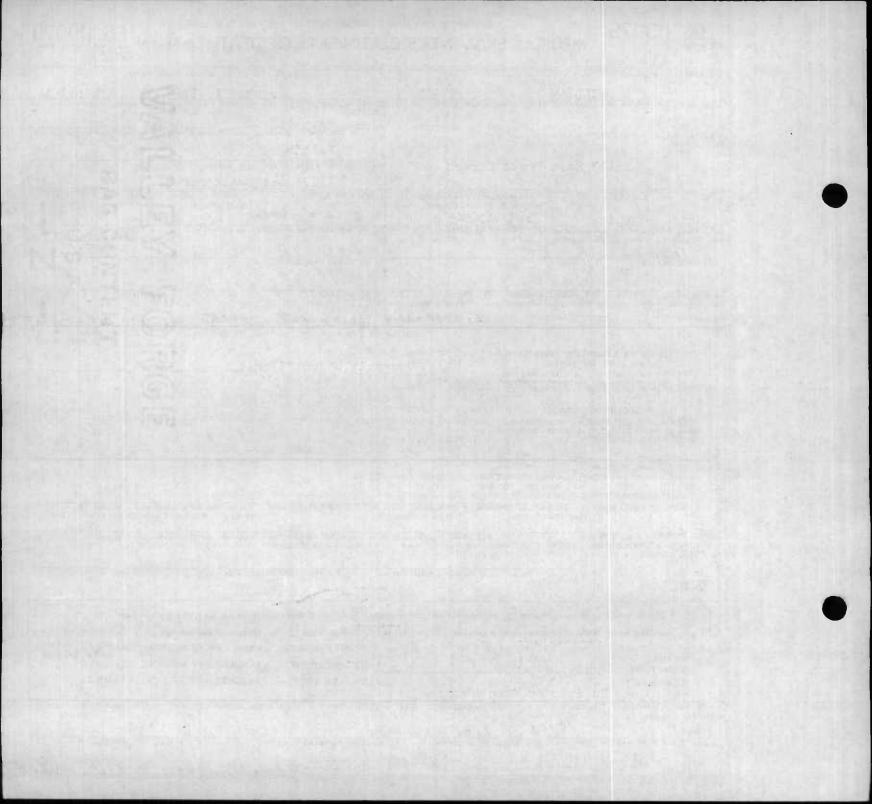
VS 150-REV. 1/1/65

21-		20 00000	BALTIMORE CIT	Y HEALTH DEPAR	TMENT		66 09	78
50	BIRTH NO.	66 09078	CERTIFICA	ATE OF DE	ATH	Registered No.	00 00	070
Su	I. NAME OF DECEA	SED MART IN	ARTHUR	R		PTEMBER	6 1966	7:20A M.
eath.	3. PLACE OF DEATH	IN BALTIMORE, MAI	RYLAND	4. USUAL RESID	B. COUNT	e deceased lived. If i	nstitution; residence	before admission)
to de	FULL NAME OF HDSPITAL DR INSTITUTION	(If not in hospital a address or location	or institution, give street)	C. CITY OR TOW		side city limits, write	RURAL and give to	wnship)
prior le.	ST AGNE	S HOSPITA	L	D. STREET ADDR	ESS (If n	STREET	7	
0	MALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8-1-9	3	ost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
deceased	done during most of wor		10B, KIND OF BUSINESS OR INDUSTR		LT I MOI		12. CITZEN OF WHAT COU	NTRY?
the	13. FATHERS NAME		K	14. MOTHER'S M		ME MAIO	ww	
on le	15. Was Deceased Ev (Yes, no or upknown) (II	er in U. S. Armed Ford yes, give wor or date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	5S
fina	140		705 05 608	ST AGN	ES HO	SPITAL CA	TON & WI	LKENS AVE
attendance med or fina	LE	OR CONDITION DIR ADING TO DEATH mean the made at	ECTIV	CINOU A	9	Stomach	ONSET	AL BETWEEN AND DEATH
regular re embal	heart failure, as injury ar campli	thenia, etc. It means cation which caused TECEDENT CAUSES	death.)					
_ 8 1	DISEASES OR	CONDITIONS, if above cause (A)	any, giving					
ian was in e remains	본 TO THE DEA	ANT CONDITIONS CO TH BUT NOT RELA ENDITION CAUSING IT	TED TO THE					
si +	19A. DATE OF O	WAS PERF		20 A. AUTOPSY		IN CERTIFYING CA	FINDINGS CONSIC AUSES OF DEATH?	
No	DEATH (notity m	WAS UNDERLYING DISCOURSE OF edicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. Whoffice bldg., INJURY	OCCUR?	(If in Boltimo	re City, give exact	ocotion)
d (6)	21 D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not We Work At Work	ile 🖂	ULMI DID W	JRY OCCUR?		
an		ot (I) (this hospital	CEDI	AUGUST 2 6 19 66		9 66 to S	EPT 6	19 66
ath)	ond hour ond f	rom the couses stot	ed obove. (I) (We) (did) (did not)	view the body of	ter deoth.			
deceased prior to death); written approval must be	23A. SIGNATURE	iredo (ys. Di	ed. rector	Stoff Phy s.	9-6-66	D
prior	23C.PHYSICIAN NAME (Type	ENTFREDO N	IGLESIA M.	0111 011 111		KENS AVE.		
ten a	REMOVAL (Spe	cify)	24C. NAME OF CEMETERY OF C	REMATORY	24D. LC	Da/	ity, town, or county	(Stote)
dece	25A. DATE REC'D S	EP 9 1966	258 NAME OF REGISTRAR	25C FUNERAL	DIRECTOR	9-13		DRESS

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er by the grant to the grant of the contract o

. 1	66	0907	Q.		BALTIMORE CITY HEAL	TH DEPARTMENT				66 09079
Y-5	BIRTH NO		MED	CAL EX	KAMINER'S C	ERTIFICATI	E OF D	EATH Regis	stered Na	00 03073
/	T. NAME	OF DECEASE	D			2	DATE AND	HOUR PRONOUN	NCED DEAD	
	3. PLACE		WILLIAM E. MARYLAND, W	HERE PRONO	YANTZ UNCED DEAD	4. USUAL RESIDEN	Augu	st 31, 196	66 n stitution: resi	10:45 Am.
	FULL NA	ME OF (I	F NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	2.0	land			
	INSTITUTI		1117				imore		3-	02
SHOW A	00		1117 East	Pract	Street	D. STREET ADDRE		give locotion) Pratt Stre	eet	
	5. SEX	6. RA		WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In year lost birthdoy)	rs If Unde	Doys Hours Min.
		L OCCUPATIO	life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY			04	12. CITIZ WH	EN OF AT COUNTRY?
	13. FATHE	R'S NAME	Yar	itz		14. MOTHER'S MAI	Ilul	1,		7.
			ER IN U.S. ARMED s, give wor or dote		16. SO CIAL SECURITY NO,	17. INFORMANT			ADDRES	5
					212-10-2014	7777117 0 ::1	RET	SHORT	30.	5 MONTAOSE
	18,	LEA	I CONDITION DIDING TO DEATH		(A) Rheur	of DEATH	Disea	se		INTERVAL BETWEEN ONSET AND DEATH
	he	ort foilure, osthe ry or complicol	enio, etc. It meons fron which coused	the diseose, deoth,)	DUE TO					
	RIS	E TO THE ABO	ONDITIONS, IF A OVE CAUSE (A) S ONDITION LAST.	NY, GIVING	(B)(C)					
	<u> </u>	THE DEAT	II ANT CONDITIONS 'H BUT NOT RE	LATED TO					AN 4 BU HUA A M O H O O H A H I II	
	19A. 1			DITION FOR	WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE IN CERTIFYING CA		
		EXTERNAL CAL RLYING OR (CAUSE OF		21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C. Whiffice bldg., INJURY	HERE DID (f in Boltimore City,	, give exoct l	
	Z OF IN (A PPF	TIME (Moi	nth) (Doy) (Yeo		WHILE AT NOT AT W	WHILE	ULNI DID W	RY OCCUR?		
	22.	I certify the	hat I held an 1			apsy X and	that an this	s basis, death li	n my apinlo	ın
		resulted f	ram: Natural ca	sed X	Accident Vicid	e Hamicid	e U	ndetermined ma	nner 🗌	
		ACTUAL SIGNATURE.		Jui	entry.	CHIEF ME	DICAL EX	AMINER 🖾		DATE SIGNED
		EXAMINER'S NAME (Type)				ASSOCIATE ME	DICAL EX			8/31/66
	REMOVA	L (Specify)	ON, 23B. DATE	23	C. NAME of CEMETERY				city, town, or	
		E REC'D BY H	9/8/	24B. NAME	MORELAN OF REGISTRAR	24C. FUNERAL	L DIRECTOR	ALTO	MC	ADDRESS
		SE	P 9 1966	Rober	JE, Jahryma	5.6-6				300 MACE
	VS 151-R	EV. 1/1/65				7 () 11				1



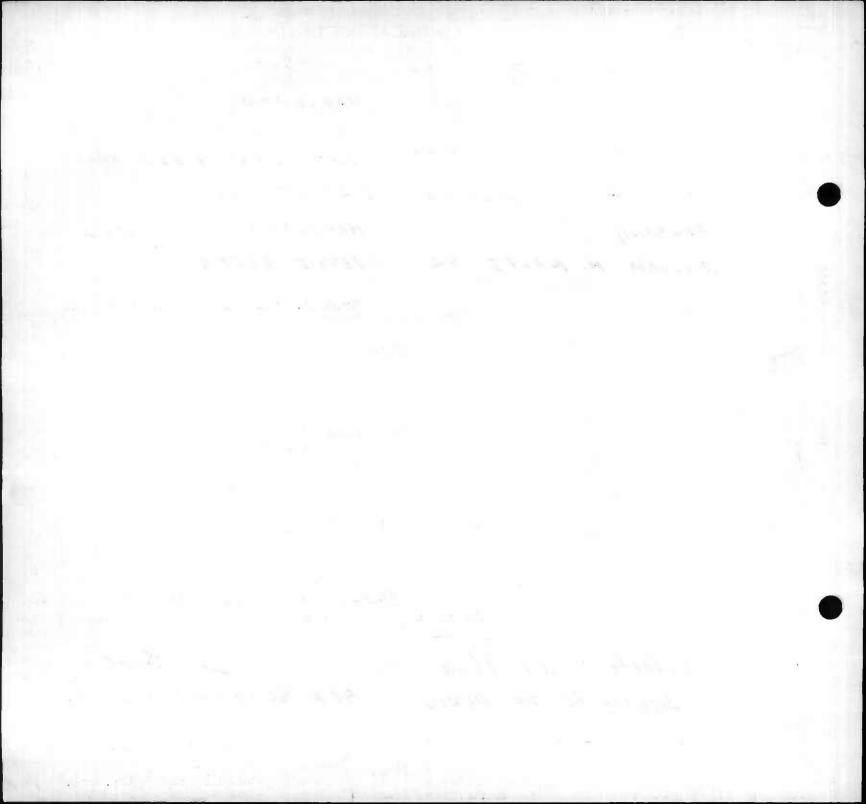
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

H	- 120 CC 00000 BAI	LTIMORE CITY	HEALTH DEPARTMENT	00	00000
11	66 09080 CE	RTIFICA	TE OF DEATH	Registered No. 66	<u> </u>
	AME OF DECEASED			HOUR OF DEATH	
(Тур	e or Print) George Hobbs		845	am 9/6/66	M.
3. 1	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY		residence before odmission)
1	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION		C. CITY OR TOWN (If outside BALTIMOR	DALTHIOLE de city limits, write RUPAL	and give township)
31	BALTIMORE CITY HOSPITAL		D. STREET ADDRESS (If run	eat St.	2207
5. 5	2940 Eastern Avenue, Baltimore, Mar		0101101		21218
V	vale white divorced	ED (specify)	8/18/1200	-66	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS eduring most of working lile, even il retired)	OR INDUSTRY	11. SIRTHPLACE (State or foreign	·	CITIZEN OF WHAT COUNTRY?
	not known		but lenn	essee	USA
13.	FATHERS NAME GEORE		14. MOTHERS MAIDEN NAMI		
15.	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) \$ECU	AL RITY NO.	MRS MIGAN-		ADDRESS
	no not!	المعمومون ا	Records: BCH-4940	Eastern Avenue	21224
	DISEASE OF CONDITION DIRECTLY	CAUSE OF	F DEATH	0 0 1 4	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) RSO	phoseal pleural	& fistula	Imonth
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			V	
	ANTECEDENT CAUSES	(B) Aug	tured esophogeal	diverteulum	
	DISEASES OR CONDITIONS, if any, giving	DOE 10 ,	, ,		
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF THE STATE OF THE STAT	GS CONSIDERED OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING 21B, PLACE O home, form, for pearth (notify medical exominer) 400	F INJURY (e.g., in octory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
DIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY C	DCCURRED	21F. HOW DID INJUI	RY OCCUR?	
A	OF INJURY (APPROX.) While At Work	Not While At Work			
	22. I certify that (I) (this hospital) attended the decea			Gola Sent	6 10/06
	that (I) (we) lost saw the deceased alive on		V .		19.09
		-		in (my) (our) opinian a	eoth occurred on the dote
1	ond hour and from the causes stated above. (I) (We) (di	id) dia not) v	lew the body after deoth.	22R F	DATE SIGNED
	Bruce M. Bors	M.D. Atte		toff hys.	3/6/66
	23C. PHYSICIAN'S NAME (Type) PP(VE M DOU)	M.D.	ADDRESS 4940 East	tern Avenue	balto mo
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CI	EMETERY or CRE	MATORY 24D. LO	CATION (City, tow	n, or county) (IStote)
B	urial 9-8-66 Holy Far	mily Cen			
1	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR		2 PARENT DIRECTOR	timore, Maryl	ADDRESS
	SEP 9 1966 R. C. S. E. &	Charles MA	Clesuath (Tibont	- A
VS	150-REV. 1/1/65	13	A A Groff	Liberty Hght	S.AVe.

attendance on the

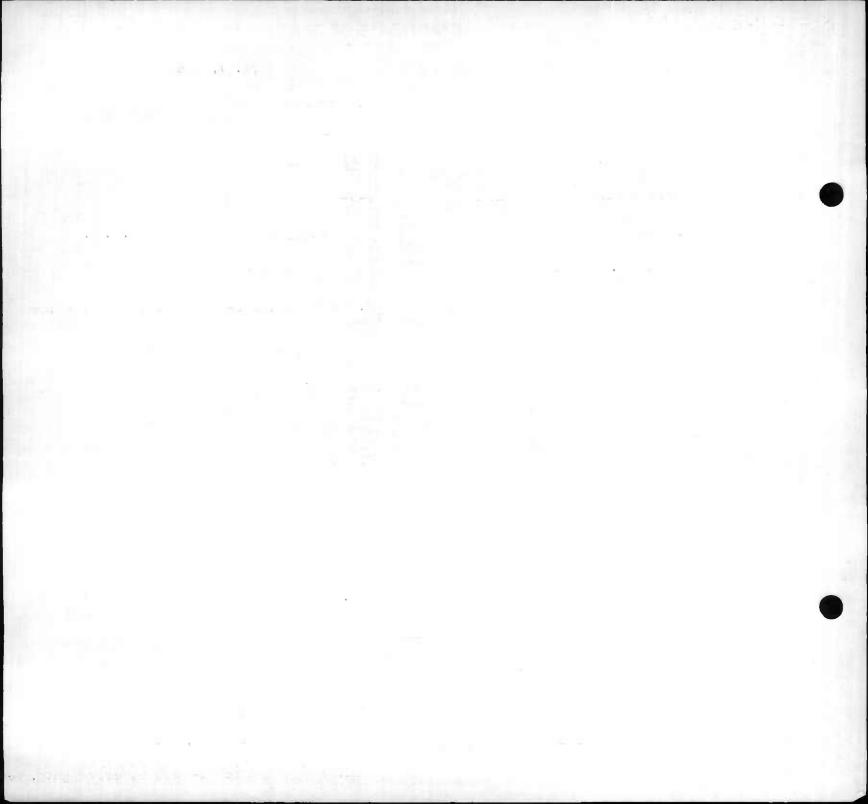
		CITY HEALTH DEPARTMENT
	TH NO. 66.09081 CERTIFIC	CATE OF DEATH Registered No. 66 19081
1. N	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND	SEPT. 6, 1966 1020
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed fived, If institution: residence before odmiss A. STATE B. COUNTY
1	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
		BALTIMORE D. STREET ADDRESS (If rural, give lacotion)
34	BON SECOURS HOSPITAL	7032 HEATHFIELD ROAD
5. \$	M WIDOWED, DIVORCED (specify Mark 1 E D	1-24-05 61
done	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU- te during most of working life, even if refired) BANKING	MANY I AND WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	VILLIAM H. WALTZ SR	JESSIE LETTS
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. SECURITY	17. INFORMANT ADDRESS
	NO	Helen J. Waltz 7032 Heathfield Road
		SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the made of dying, e.g., DUE TO	concer of the Lunga
	heorl failure, osthenia, etc. It meons the disease, injury ar camplication which coused deoth,)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) sloting the (C) UNDERLYING CONDITION last,	· · · · · · · · · · · · · · · · · · ·
	11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFIC,	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	e.g., in ar about 21 C. WHERE DID ((If in Baltimare City, give exact location) et, office bldg., INJURY OCCUR?
_	21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
₹	While At Not	White Work
		Clug. 31 1966 10 SEPT 6 196
	22. I certify that (I) (this hospital) attended the deceased fram	
	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last sow the deceased alive on SEPT. 6	
		19 6 6 ond that in(my) (our) opinion death occurred on the
	that (1) (we) last sow the deceosed olive on SEPT. 6	19 6 6 and that in(my) (our) opinion death occurred on the
	that (1) (we) last sow the deceosed clive on SEPT. 6 ond hour and from the causes stated above. (1) (We) (did) (did not)	196ond that in(my) (our) opinion death occurred on the ot) view the body ofter death.
	that (1) (we) last sow the deceosed clive on StPT. 6 ond hour and from the couses stated above. (1) (We) (did) (did not state that the state	ot) view the body ofter deoth. Attending Med. Stoff 238 DATE SIGNED
	that (1) (we) last sow the deceosed olive on SEPT. 6 ond hour ond from the couses stoted abave. (1) (We) (did) (did not stored) 23A. SIGNATURE LA PERID M.D. 23C. PHYSICIANS NAME (Type) ABOLFO G. DE PERID	19 6 ond that in(my) (our) opinion death occurred on the ot) view the body ofter death. Attending Med. Director Staff Phys. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS
24A	that (1) (we) last sow the deceosed clive on StPT. 6 ond hour and from the couses stated above. (1) (We) (did) (did not be seen to b	19 6 ond that in(my) (our) opinion death occurred on the ot) view the body ofter death. Aftending Med. Staff Phys. 23D. ADDRESS W.D. BON SE COURS PHOSP, TAZ. CREMATORY 24D. LOCATION (City, town, or county) (Staff)

BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Woodlawn Cemetery Burial 9-10-66 Baltimore 25A. DATE REC'D BY HEALTH DEPT. THERAL DINECTOR 1966 4600 Liberty Hghts. Ave VS 150-REV. 1/1/65



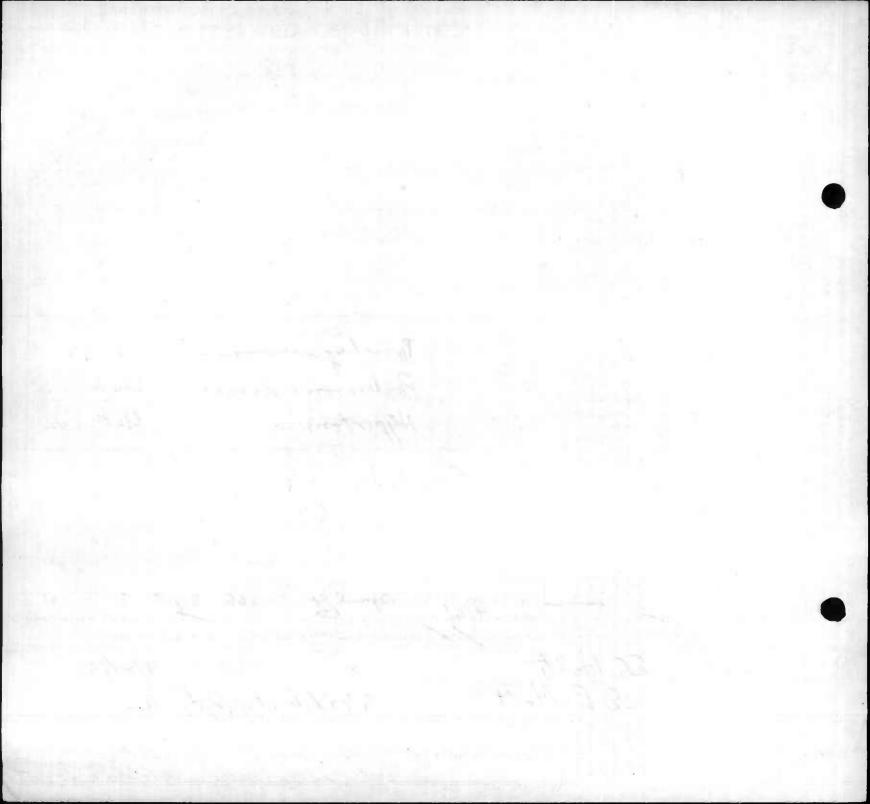
1						BALTIMORE CITY	HEALTH DEP	ARTMENT				
		NO. CASE NO.	(66 090)82	CERTIFICA	TE OF D	DEATH	Registered N	la	66_	09082
- 11	1. NA	ME OF DECI	EASED			 -		2. DATE AN	D HOUR OF DEA	TH		
- 11						Knowles	_	Se	pt. 7, 196	66		M
				LTIMORE, MAI			A. STATE	B. COUN		tf institution	: residenc	ce before admission)
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П							Baltin			9		9
	0.7	202	1 3/-	·			D. STREET AD		rural, give location)			
1	00			ine Ave			-	Maine A				
	5. SE	X	6. RACE		7. MARRIED, WIDOWED	NEVER MARRIED), DIVORCED (specify)	B. DATE OF BI		9. AGE fln years lost birthdoy)	If Un Month	der 1 Yr.	If Under 24 Hrs. Hours Min.
-	F	emale	Whit	e	Sing		1-5-189		74			
1					108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC		gn country)	12. C	TIZEN O)F
	done	At Hor		even if retired)			70	1			J.S.	
ı	13. F.	ATHERS NAM	-					MAIDEN NAM				Λ.,
ı				T.C. 1								
				Knowle					Bowen			
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				TO DEATH		(A)) m/er	mil	4	(9 C		
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				ENT CAUSES		(B)	ere tra	XI V C1	u ter	celu	1 8	whe
				DITIONS, IF		DUE TO	/	6 1	RENTO		Par	
		ise to the UNDERLYING		cause (A) TION last.	slating the	(C)	Luite	(xxx)	4		12.20	
				11		ale	with	L. R	abeter	-		
-	ATION	TO THE DI	EATH BU	ONDITIONS COUNTY NOT RELATED TO CAUSING IT	TED TO TH	3 E						
	RTIF	9A. DATE OF		WAS PERF	ORMED	VHICH OPERATION	20A. AUTOR	PSY? (Yes or No	10 CERTIFYING	RE FINDING	S CON	SIDERED 1?
	CAL	PIA. ACCIDENTED CONTRIBUDEATH (notify	TING C medical e	AUSE OF	21 B. ham etc.)	PLACE OF INJURY fe.g., i e, form, factory, street, a	n or about 21 C. \ ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltin	more City,	give exac	t location)
	3 6	TD. TIME OF INJURY APPROX.)	(Month)	(Doy) (Yeor)		te At Not While At Work	e m	INI DID WOH	URY OCCUR?	0 /		
	2	2. I certify	that (I) (this haspital) attended ti	ne deceased fram	how	1	19 Ga ta	ach!		19 66
l				the decease		1 1 -4	C 19 9	and the				curred an the date
		and hour and	from the	couses stat	ed abave. (I) (We) (did) (did not)	/-	~				
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	2	3C. PHYSICIA	N'S	1	A		23D. ADDRESS		0	1 5	1	
	-		ma.	2 6	- A	6 301 /M.D.	450	9 11	who lite	rill	1, FE	V
	24A.	BURIAL CREA	MATION,	24B. DATE	24C. N	ME of CEMETERY OF CR	EMATORY	24D. LO	OCATION	(City, town	or cour	nty) (Stote)
		Burial	,	9-9-66	Wac	odlawn Camet	A 22 37	Ba	ltimore	Mary	land	

Maryland Ellsworth Armacost-4600 Liberty Hghts. Ave 25B, NAME OF REGISTRAR 25A. DATE REC'D BY WEALTH DEPT. V\$ 150-REV. 1/1/65



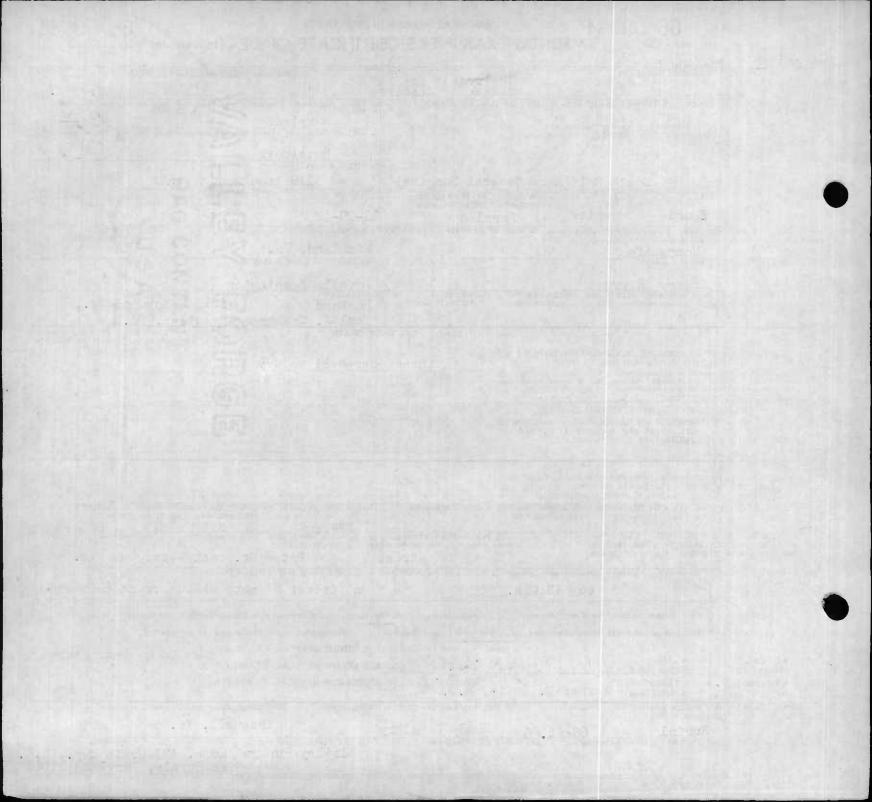
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

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trype of	ALVE	SRTA	£, 1	30570	N	rest.	966	12-a
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J. SEA	6. RACE		IDOWED, DIVOR		B. VAIE OF BIRTH	lost birthdoy)	OIS A	If Under 1 Yr.) f Under 2 Aonths Doys Hours A
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done du	most of working life,	Com if reliand)	///:	191 10	1/2/	,0 11	20	WHAT COUNTRY:
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VS 151-REV. 1/1/65

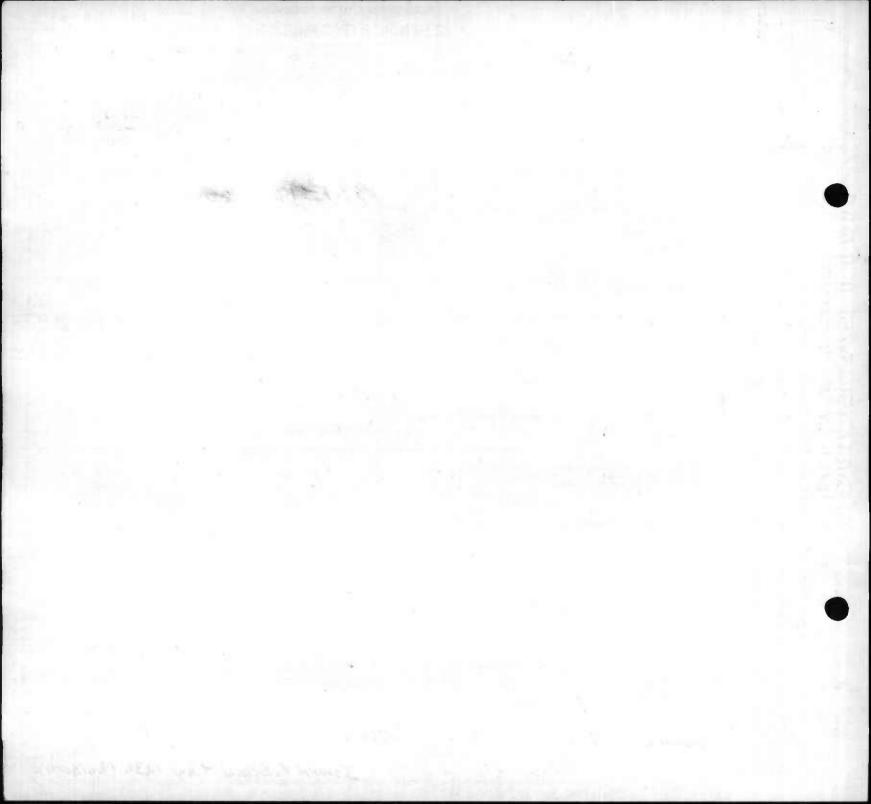
	66	09084		BALTIMORE CITY HEAL	TH DEPARTMEN	T		66 0	9084
BIRTH I		MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register		
M.E. C	ASE NO.					Marille 1		V	
1. NA/	ME OF DEC	EASED	She	lvv		2, DATE AND	HOUR PRONOUNCE		
l'iype e	,, , ,,,,,,		- She		ee		9/3/66	12:	45 a. M.
3. PLA	CE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If instit	tution: residence be	fore odmission)
FULL	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION GIVE STREET	Mai	yland		1	1
HOSPIT	AL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOV	/N (If outside	corporate limits, write	RUKAL ond give	ownship}
						ltimore		5nd	P-G
W.					D. STREET ADDI		./	2-1	
4.5		South Baltimo			11		kwood Ave	a	
5. SEX		6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under 1 Yr. If Months , Doys , I	Under 24 Hrs. Hours Min.
	emale	white	Mar	ried	11-29-42		23		
		PATION (Give kind of work rorking life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUN	TRY?
	lousewi		BEN 33		Richland			USA	
13. FAT	HER'S NAM	E			14. MOTHER'S M	AIDEN NAME			
Ar	ndrew A	sburv			Novella	Penning	ton		
15. WA	S DECEASED	O EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	- Francisco Francisco		okwood Rd	
100	No	(ii yes, give wor or cole	3 01 30111007		Husband	Cuchtun			• ,
1B.	210	- 19 Et		CAUSE	OF DEATH	Grantre	-Brooklyn		AL BETWEEN
	F 8							ONSET	AND DEATH
	DISEAS	E OR CONDITION DIE LEADING TO DEATH	RECTLY	Crani	ocerebral	injury			
	(This does n	ot meon the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO			••••••		
	injury or con	nplication which caused	deoth.)					7 - 1	
	A	NTECENDENT CAUSE	s						
	DISEASES (OR CONDITIONS, IF A	NY, GIVING	(B)					
		E ABOVE CAUSE (A) ST IG CONDITION LAST,	TATING THE						
Z				(C)					
CATION		11							
	TO THE	VIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	LATED TO T						
		OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIN		RED
O		WAS PERI	FORMED		yes	ir.	Ves	ES OF DEATH?	
₹ 217 O UN	EXTERNAL	CAUSE WAS	21B.	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. V	HERE DID (If	in Boltimore City, giv	re exoct locotion)	5-32
E UTI	NG CAU	SE OF DEATH.	etc.)	stree			t. near Wat	terview Av	e.
1 2	TIME	(Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED		W DID INJUR			
	INJURY PPROX.)	9 3 66 12	2:05a. _{m.}	WHILE AT NOT	WHILE A dri	ver of a	uto which s	struck cur	b and
22		, <u>, , , , , , , , , , , , , , , , , , </u>	m. \	VORK L AT W	ORK 1				rturned
	l cert	ify that I held an I	nquiry 🗌	Inspection Aut	apsy x and	that an this	basis, death in m	y apinion	
	resul	ted from: Natural co	uses A	Accident Suicid	e Homici	de 🗌 Un	determined manne	er 🗌	
		1		/)/	CHIEF M	EDICAL EXA	MINER _		
	ACTUAL		2 12	7 AN M.D.	ASSISTANT M	FDICAL EXA	MINER X	DAT	E SIGNED
	SIGNATI	ED'S	101	7/	ASSOCIATE M			9/3/66	
	NAME (11070000	J. Spitz	, M.D.		- JI GAL EAR		.,0,00	
	URIAL CREA	MATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or county)	(Stote)
	val (Specify urial		66	Rhudy Cemeter	V	Taz	ewell, Va.		
		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS	
				0 20 n 40			al Home, 42	el Crain H	wy., S.E.
		SEP 9 1966	Violent	te. Farlyna			Glen Burni	e, Maryla	nd 21061



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

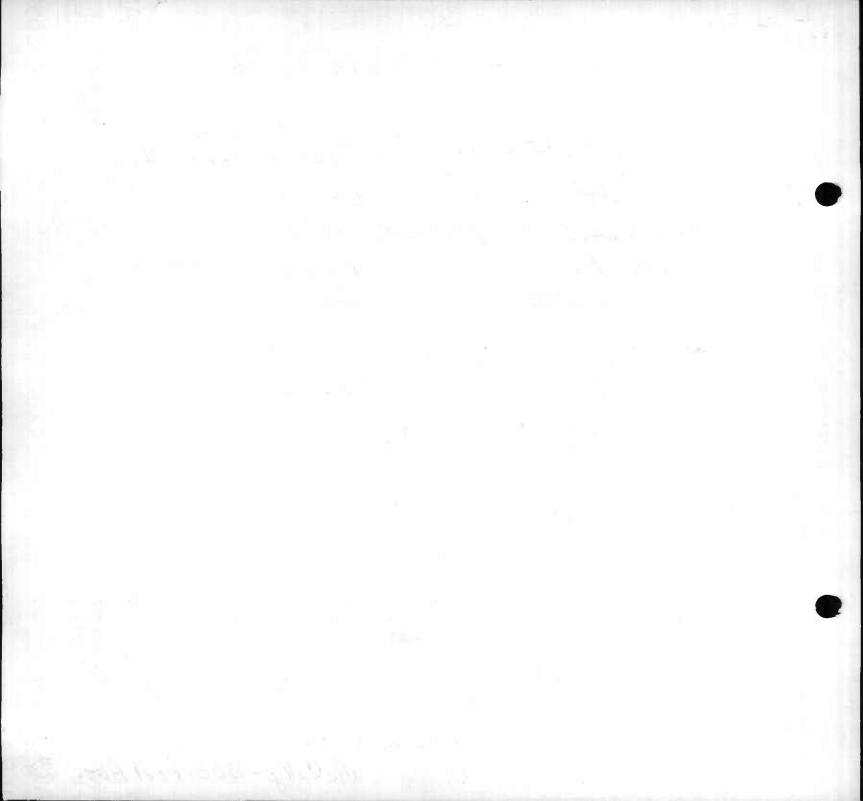
66 090	185 BALTIM	ORE CITY HEALTH DEPARTMENT		66 (19)185
BIRTH NO. M.E. CASE NO.	CERT	IFICATE OF DEATH	Registered No.	66 09085
Type or Print) CAMPBell, G.	· Y	2. DATE SeF	tember 6 46 19	66 4 45 M
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (V	Vhere deceased lived, If institu	ition: residence before admission)
FULL NAME OF (II not in hosp	nital or institution, give street	1032 Sho	urp St. Baltin	
HOSPITAL OR oddress or loc INSTITUTION	ohon)		outside city limits, write RUR.	
UNIVERSITY HO	SPITAL	D. STREET ADDRESS	etimene aty	
8 BALTimore	, rud.	(032	Sharp. St.	
Male Negro	WIDOWED DIVORCED (S	pecify) PAR13,190	1 last birthday Kaza M	Under 1 Yr. If Under 24 Hrs.
OA. USUAL OCCUPATION (Give kind of lone during most of working lite, even if retire			oreign country)	2. CITIZEN OF WHAT COUNTRY?
_		S.C.		U.S.A
3. FATHERS NAME		14. MOTHER'S MAIDEN	AME	
Buller Com	bell	George	anna	
5. Was Deceased Ever in U. S. Armed Yes, no arunknown) (If yes, give war ar		17. INFORMANT	(WIDOW)	ADDRESS
		BERTHA	CAMPBELL	7/A
18. 14. 40 X 1	(CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION				ONSET AND DEATH
LEADING TO DEA	(A)	Septic shock	1. Sephicemia	
(This does not mean the made heart failure, asthenia, etc. It me		JE TO T		
injury ar camplication which cau		1 0	1	
ANTECEDENT CAL	SES (B)	LE TO Massive Left	Jung	
DISEASES OR CONDITIONS,	if any, giving	0	9	
rise to the above cause UNDERLYING CONDITION last.		Lyonnom	L	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSII	RELATED TO THE LATE	rouhial Proum	out of America	
U 194 DATE OF OPERATION 1198	CONDITION FOR WHICH OPERAT	ION 20A. AUTOPSY? (Yes or	No. 208 IF YES WERE FINE	DINGS CONSIDERED
WAS WAS	TERI ORIVIED	With	VES	>
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJ home, form, factory, etc.)	URY (e.g., in ar about 21 CAWHERE DID , street, affice bldg., INJURY OCCUR	(If in 8 Attimore Ci	ty, give exact location)
OF INJURY (Month) (Doy) (Y	ear) (Hour) 21E INJURY OCCU	IRRED 21F. HOW DID	INJURY OCCUR?	
(APPROX)	While At Work	Not While At Work		
22. I certify that (I) (this hosp		50 211	19 (e.G. to	9-6 1968
The second secon	0 -	/ //		
that (1) (we) lost saw the dece				n death occurred on the do
	stated obove. (1) (We) (did) (did)	did not) view the body ofter deat		
23A. SIGNATURE	shawa	M.D. Attending Med. Director	Stoff Phys.	9/6/66
23C. PHYSICIAN'S NAME (Type)	Ch	M.D. DrivER	CITIL HOSE	9
4A. BURIAL CREMATION, 1248, DAT	Shama 24C. NAME of CEMETI			town, or county) (State)
REMOVAL (Specify)		AUBURN	BALTO MI	
BURIAL 9-9.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT	71.0.0	ADDRESS
SEP 9 19	16 Reat E. And			23W.MANTGOMERY
VS 150-REV. 1/41/65	U	900	· ·	



IMPORTANT

FUNERAL DIRECTOR:

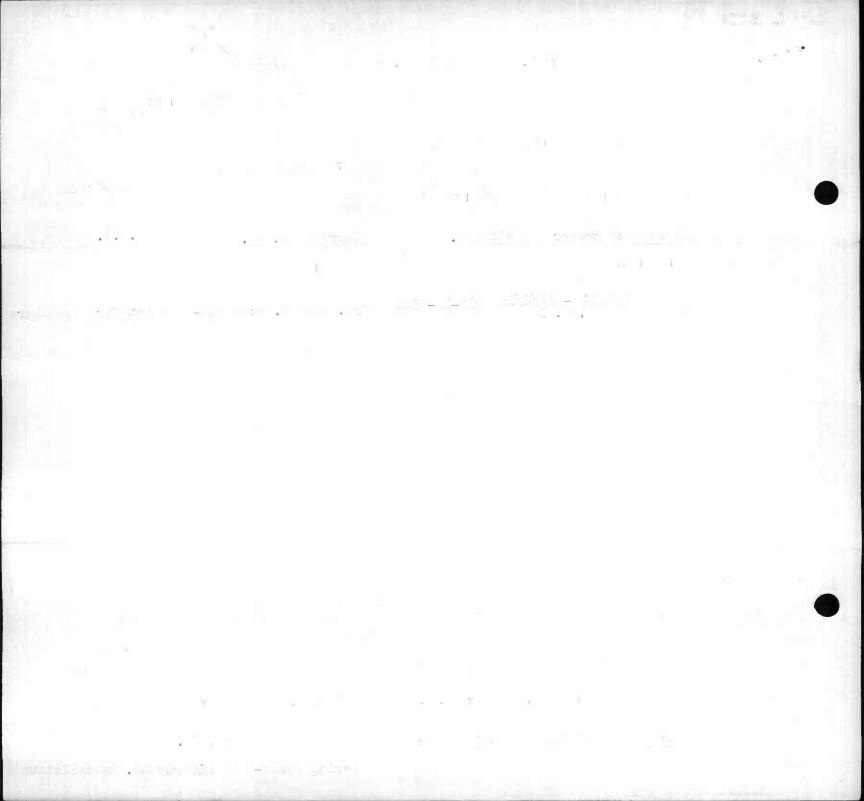
BALTIMORE CITY HEALTH DEPARTMENT



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s; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased frian who pronounced death was in regular attendance on the Las in regular attendance on the deceased prior to death. Such Las in regular attendance on the deceased prior to death.	in a hospital and
tian who pronounced death was in regular attendance on the was in regular attendance on the deceased prior to death. Such	cause; (5) Deceased
as in regular attendance on the deceased prior to death. Such	attendance on the set
	rior to death. Such

	66 0908	7	TE OF DEATH	Registered Na	66 09087
M.E. CASE NO. 1. NAME OF DEC (Type or Print)		K. SCHWARTZ SR.	2. DATE AN	HOUR OF DEATH	7:00PM
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admissi
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			MARYLAND	FREDER	ICK
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
Tue	Iouna Haaki	NS HOSPITAL	WOODSBORO		60-11
22	JUHNS HUPKI	NS HUSPITAL		turol, give location)	
5. SEX	6, RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 I
		WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min.
MALE	WHITE	MARRIED 108. KIND OF BUSINESS OR INDUSTRY	4-20-95	71	110 0191-111 01
lone during most of	working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	II. BIKIMPLACE (Stote of fores	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Mech Breker	Self Emp.	Carrell Co. M	d.	U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NA	ME	
WILL	AM		ANNIE GETZ		
5. Was Deceased	Ever in U. S. Armed Ford	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
22	6/8/17 - 12	2/2/18 218-10-4522	Erna		L_
Yes 18. 07 4	W.W.	CAUSE O	F DEATH	chwartz-Rey	shirt Farm Woodsh
DISEA	SE OR CONDITION DIR				ONSET AND DEATH
Distri	LEADING TO DEATH		in condiar annel - p	in sunderflower	10.1 3+3 min
	nol mean the mode of	dying, e.g., DUE TO	W CONTRAG ONLING. Th	1010 to the third or the	Charles State
	asthenia, etc. It means	deoth.)			
	ANTECEDENT CAUSES	DUE TO	ioschotic cordio u	see Lineage	
DISEASES (OR CONDITIONS, if	/ /	. 11		
	e above cause (A)	stating the (C) DISTEC	ling theroar autic	answipin	8-13-66
UNDERLTING	G CONDITION last.			V	
Z OTHER SIGN	IFICANT CONDITIONS C	CALTRIBUTING			
U O I LL EK 21/21A.	INCAMI CONDITIONS C	JAIKIBU IING			
≥ TO THE D	EATH BUT NOT RELA	IED TO THE KIND	a borned to	1 2 1 11 - 0	
DISEASE OR	EATH BUT NOT RELA	DITION FOR WHICH OPERATION		20B. IF YES. WERE	FINDINGS CONSIDERED
DISEASE OR	EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198, CON- WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE	EATH BUT NOT RELA CONDITION CAUSING IT OPERATION WAS PERF	DITION FOR WHICH OPERATION ORMED LOS TOURS CONTROL [218, PLACE OF INJURY (c.g., for	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDEI OR CONTRIBL	EATH BUT NOT RELA CONDITION CAUSING I OPERATION TO BE WAS PERF	T. DI OF PROMISE DITION FOR WHICH OPERATION ORMED LINE HOWERE CONTROL COMMON	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
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DISEASE OR DISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIBL OR CONTRIBL DEATH (notify 14 PPROX.) 22. I certify that (1) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 19B. CON WAS PERF WAS UNDERLYING 1 UNITED CAUSE OF medicol exominer) Thot (I) this hospital last sow the decease d from the causes stat RE BRIAN	DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work Ottended the deceosed from	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ e	URY OCCUR? URY OCCUR? 19 (aur) op	ore City, give exact location) 19 Similar the control on the cont
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TO THE D DISEASE OR 19A. DATE OF 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (ve) ond hour and 23A. SIGNATURY (APPROX.) 23C. PHYSICIA NAME (T	EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CON WAS PERF NT WAS UNDERLYING I UNDERLYING I OF MEDICAL EXAMPLE (Month) (Doy) (Year) Thot (I) this hospital last sow the deceose d from the causes stat URE BR I A N MATION, 24B. DATE Specify) MATION, 24B. DATE	DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work Ottended the deceosed from	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 ond the view the body ofter deoth. 23D. ADDRESS 601 N. BR	URY OCCUR? 1905 to ot in my (aur) of Phys.	Directity, give exact locotion) 1965 238. DATE SIGNED 238. DATE MORE, MD

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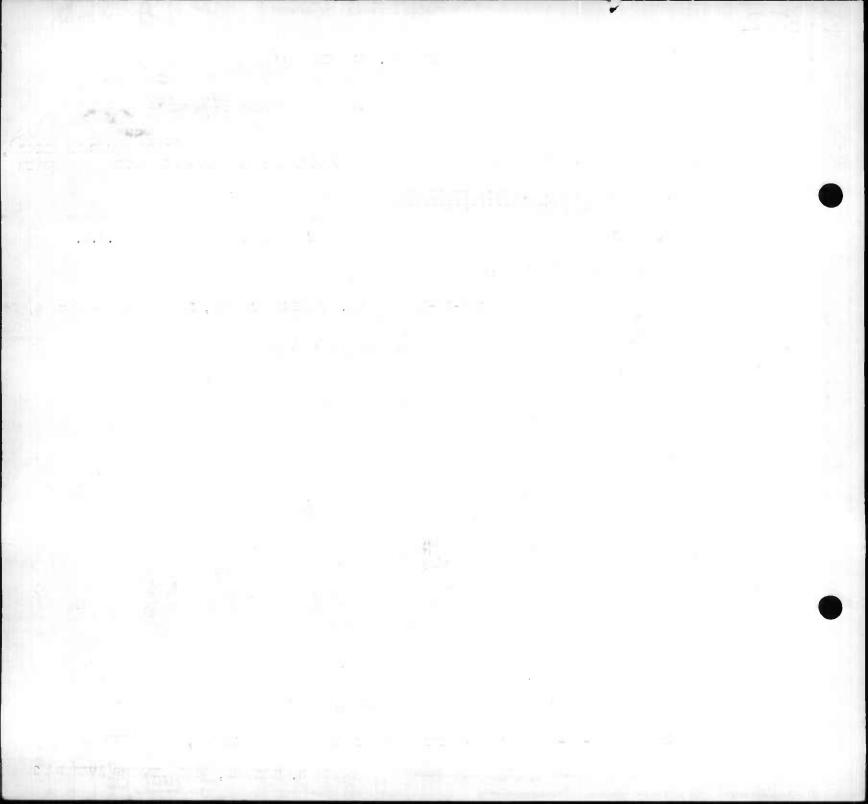
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BALTIMORE CITY HEALTH DEPARTMENT 09088 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type ar Print) JOHN H. STANCIL 6 66 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYUA A SECOND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) OR TOWN D. STREET 2800 EDGECOMB CIRCLE. 5. SEX 9. AGE (In years MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Manths: Days If Under 24 Hrs. WIDOWED DIVORCED (speedy) Hours lost birthday) IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUTNESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LABORER NORTH CAROLINA

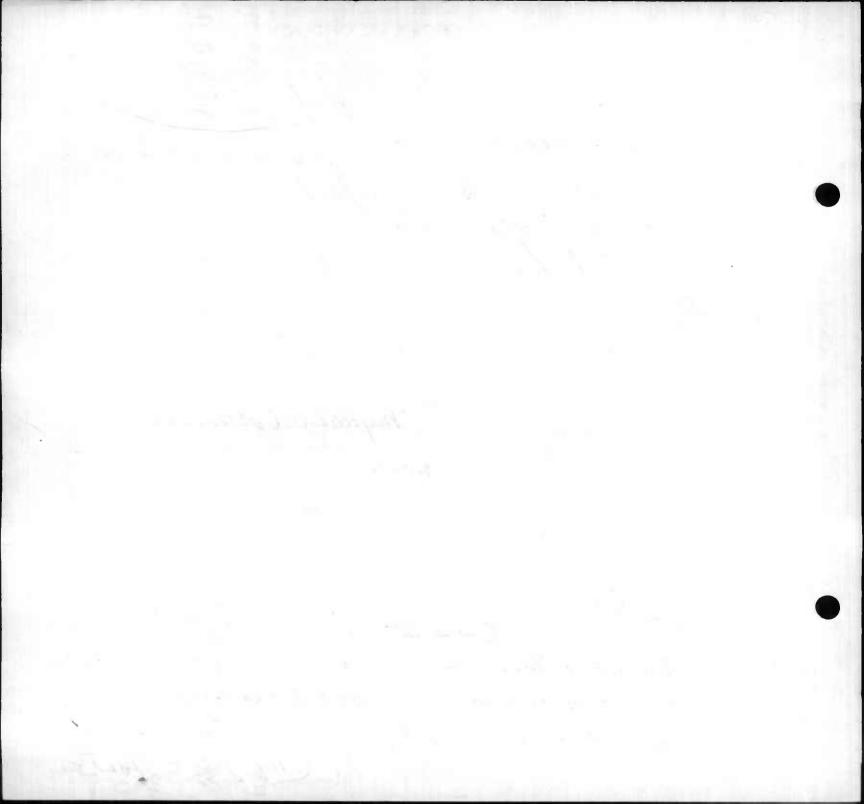
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME 5. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give SECURITY NO. MR. RALEIGH STANCIL, 2800 Edgecomb Circle, So 212-36-7344 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the mode of dying, heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the obove couse (A) stating the UNDERLYING CONDITION Josi, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) no MEDIC. 120 21 D. TIME (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? no OF INJURY While At Not While no (APPROX) no Work At Work 22. I certify that (1)(this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and that in((my)) (aur) apinion death accurred on the date and haur and from the causes stated abave((1))We)((did))(did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Med. Attending Phys. M.D. Stoff Director Phy s. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION. 24B. DATE (State) REMOVAL (Specify) BURIAL 9-10-66 GOOD SHEPHARD CEMETERY BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE #29 VS 150-REV. 1/1/65



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66 09090	BALTIMORE CITY	HEALTH DEPARTMENT		66 09090
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 00000
1. NAME OF DECEASED (Type or Print)	E. Qui		7-7-66	7 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				oution: residence before odmission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (IL 1015	de city limits, write RO	RAL and give township)
102 WALLER	He E		orol, give lacation	4 Aus
	NEVER MARRIED	8. DATE OF BIRTH / 19.	AGE (In years/	If Under 1 Yr. If Under 24 Hrs.
m WIDOWED,	DIPORCED (specify)	10/30/13	ost birthdad)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. SIRTHPLACE (State of foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	May	BENTS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS
No		tan	oly-	JAME
18. 420. / I	CAUSE OI	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ci	ronary Thro	mbosis	
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury at camplication which caused death.)	DUE TO	7		
ANTECEDENT CAUSES	(B)		<u> </u>	
DISEASES OR CONDITIONS, if any, giving	<u></u>	yourdul o	Schaemia	•
rise la lhe obave cause (A) staling lhe UNDERLYING CONDITION last.	(C) //C	J. Coman		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nin		11	
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF CEC.) DEATH (notily medical examiner) 218. 1 home etc.)	PLACE OF INJURY (e.g., in , form, factory, street, af	or obout 21 C. WHERE DID	(If in Boltimore C	city, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) While				
22. I certify that (1) (this bespital) ottended the	e deceased from	· · · · · · · · · · · · · · · · · · ·	66 10 9/1	1966,
that(1) (we) last sow the deceased alive an	9/7 did	/1966 and tha	t is (my) (oplnie	an death accurred an the dote
and hour and fram the causes stated above.((1)		iew the bady after death.	la	OD DATE SIGNED
Vintent M. Messi	M.D. Atte	nding Med.	Stoff	38. DATE SIGNED 9/7/66
23C.PHYSICIAN'S NAME (Type)		100 100000	ny s.	
Vincent M. Messin	7_ M.D.	1403 S. Ch.	arles of	Back 21230 11K
	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION) (City,	town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	F REGISTRAR	25 FUNERAL DIRECTOR	1 Jacks	ADDRESS
SEP 9 1966 P. B.	E. Faller MA	1406014	-130 €	for Cen
VS 150-REV. 1/1/65		3/1		

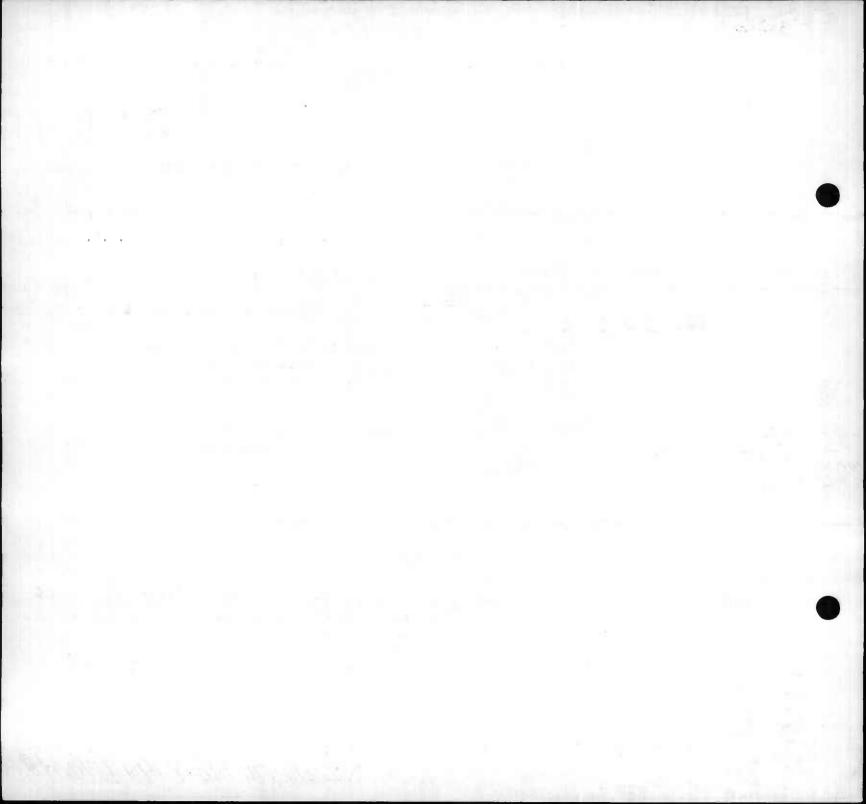


IRTH NO.	00 0	10.304	BALTIMORE CITY	HEALTH DEPARTMENT		00 00001
	00 0	9091	CERTIFICA	TE OF DEATH	Registered No	66 09091
NAME OF DE	CEASED			2. DATE AND	HOUR OF DEATH	
ype or Print)	10	6	Fleet	5 1	1 131	1 191111 1
PLACE OF DI		MORE MARYLAND	rieel	4. USUAL RESIDENCE Where	deceased lived It in	stitution; residence before admission
TENGE OF D	LATTI III VACIT	Money Market		A. STATE B. COUNT	Y , 1	Silverion residence desire della silverione
FULL NAME	OF (If not	in haspital ar instituti	ion, give street	Mal. B	altimor	
HOSPITAL OR	oddres	s or location)		C. CITY OR TOWN (If outs	ide city limits, write	WRAL and give township)
				Baltimor	~ C	in the same
.11	M		Hospital		orol, give location)	
ILINIO	n //E	morial	MOSP1191	10 11	_//	0.15
	`				newood	we.
SEX	6. RACE	7, MARR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BURTH	AGE (In years	Months Days Hours Min.
emole	Neg	- 14	war Marriad	10/6/00	60	
A. USUAL OC		kind of work 108. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	n country)	12. CITIZEN OF
one during most a	of working life, eve		1	200		WHAT COUNTRY?
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FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM		
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Loui		1001			110 116	
. Was Decease es, no or unknov	ed Ever in U. S.	Armed Forces? wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS 1902
	,		2	Miss Pear	rl D	Drown Homen
10 -	1 1 1 1		X13-52-2914	E DEATH	1	INTERVAL PETWEEN
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OTHER SIGN	NIFICANT CON	IDITIONS CONTRIBU	ITING			
TO THE	DEATH BUT	NOT RELATED TO				
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E I YA. DATE C	OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	JSES OF DEATH?
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i ol			21 B. PLACE OF INITIPY (e.g.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
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OR CONTRI	ENT WAS UND BUTING CAL		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?		
OR CONTRI	ify medical exam	miner)	etc.)			
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DEATH (noti	ify medical exam	miner)	etc.)	21F. HOW DID INJU		
21A ACCID OR CONTRII DEATH (noti	(Month) (D	niner) Poy) (Yeor) (Hour)	21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	10 / 10 /
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l IN	ISTITUTION	Gould Cor	nvalsari	um	B	altimore	If rurol, give location)	26-01
70		6116	Bealr R	oad	11	372 Formes	st View Aven	11.0
5. SE	Female	6. RACE	7. MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
10A.	USUAL OCCU	JPATION (Give kind of working life, even if retired)		dowed BUSINESS OR INDUS	TRY 11. BIRTH	IPLACE (State or fa	reign country)	12. CITIZEN OF WHAT COUNTRY?
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	Ħer	nry Engelhai	dt			E mma		
Yes,	vas Deceased no or unknown) No	Ever in U. S. Armed Fo (If yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO. 215-05-9776	17, INFO	RMANT	Cabl amounts	ADDRESS 36
	DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY		OF DEATH		_	INTERVAL BETWEEN
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\simeq	TO THE DE	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO TH					
L CERTIF	OR CONTRIBU	WAS PER	FORMED 21B, hom	VHICH OPERATION PLACE OF INJURY (e. e, farm, foctory, street	a, in or obout	21C. WHERE DID	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exoct locotion)
MEDIC		medical exominer) (Month) (Doy) (Year)		INJURY OCCURRED	Vhile	21F. HOW DID IN	JURY OCCUR?	
1	that (I) (we)	that (I) (this haspita last saw the decease I from the causes sta	ed alive an	Lept 6	19	66 and		inian death accurred an the d
	23C. PHYSICIAL NAME (Ty	Melem		M.D.	Attending Phys.	Med. Director	Stoff Phys.	9/6/6 6
24A.	BURIAL CREA	MATION, 248. DATE	24C.NA	ME of CEMETERY OF		24D.	LOCATION (City, town, ar county) (State

lown, ar county) (Stote) Moreland Park Cemetery altimore
| 25B. NAME OF REGISTRAR | 25C. FEMERAL DIRECTOR) Burial 9-91966
25A. DATE REC'D BY HEALTH DEPT. 25 VS 150-REV. 1/1/SEP



VS 150-REV. 1/1/65

Such

00 00000	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 09093	CERTIFICATE OF DEATH Registered No. 66 09093
(Type or Print) BRUST, WILL	LLIAM CARL 2. DATE AND HOUR OF DEATH 3 850 DM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before oddission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution,	
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) RALTINORE
Union Memorial	D. STREET ADDRESS (If rurol, give location)
	D, NEVER MARRIED B. DATE OF BIRTH 9/AGE (In years Vunder 1 Yr., If Under 24 Hrs.
M W WIDOW	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND of done during most of working life, even if retired) 2ETIRED 13. FATHER'S NAME FREDERICK Ball 16 Was Decorated from in 11. S. Annual Energy	WHAT COUNTRY?
RETIRED Bal	to. Fire Dept. U. S.
	0110=
15 Was Deceased Ever in U. S. Armed Fareas?	116 SOCIAL 17 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) yes WW-1	(11:3)
	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.	(A) Blucks preumonic
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	e,
ANTECEDENT CAUSES .	DUE TO pulmenale
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T	NG Hemonhanie Ga tritis
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
THE STATE OF THE S	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF ho	18. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Beltimore City, give exact location) ome, form, factory, street, office bldg., INJURY OCCUR?
□ OF INJURY	1E. INJURY OCCURED 21 F. HOW DID INJURY OCCUR? While At Not While
	Vork
22. I certify that (1) (this haspital) attended	
that (1) (we) last sow the deceased alive on	
23A. SIGNATURE	(1) (We) (did) (did nat) view the bady after death.
23A. SIGNATURE	M.D. Attending Med. Director Phys. 9/3/66
23C. PHYSICIAN'S ZOLTAN ZA NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. N	ARDAY. 23D. ADDRESS THE UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
D	Baltimore Nat'l. Cem. Balto.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Burial 9/7/66 B 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME SEP 9 1966 7. 0.	Mitchell-Wiedefeld Home, Inc.

Beenluponnain Reduced antiformer D. bernolegie quatrotio

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	ital of decea	(T
	hospise of (5) Dance deat	
	in a cau	
	outing sed colored ar a price price ide.	15. 155 (Y
	occu ontrib ermir regul	10
	or condeternation	de
<u> </u>	rect (4) U wa the ispos	13
IAN	stant he di tind; death se on	1.5 (Y
FUNERAL DIRECTOR: IMPORTANT	if the any keed ceed ceed confiner	r
M	Also, re of noun atter	
OR:	iner. actu pro ular mba	
ECT	xami xami) A fr who who	
DIR	lical cal e ns; (3 ician as ir	
RAL	medi bur phys ian w	ATION
SNE	chie y a Body the nysici	(i+ v) i i i v) i i i v v i i i v v i i i v v i i i v v i i i v v i i v v i i v v i v
I	y the tal be; (2) here No pl	14.0
	hospinatur natur ppt w (6)	AAR
	any received any received any received any received any received and r	ľ
	be a ed to nt of pital sath)	
	must eleas ccide i hos to de	
	was r An a c prior	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	24
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	25
		11

1000001	BALTIMORE CITY	HEALTH DEPARTMENT		00 00004
BIRTH NO. 66 09094	CERTIFICA	TE OF DEATH	Registered No	66 09094
M.E. CASE NO. TRANCTS T	RVING CLARY			
Type or Print)	ITVING CLANIE	2. DATE AND	HOUR OF DEATH	= = = 0
trank	I Clary		56	3:35 F M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4. USUAL RESIDENCE (Where d	eceosed lived. If inst	titution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion gua straal	pho B	acto.	
HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If outside		JRAL and give township)
INSTITUTION		Balton	uel.	SINAL GIRD GIVE IDWINSHIP
	1 7 1	D. STREET ADDRESS (If ruro	l, give location)	
18 Maryland bever	Morpelal	F201 C1.	rangesis	a Pkwy
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M W	OWED, DIVORCED (specify)	3/17/94 1051	birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIN)		11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF
done during most of working life, even if retired)	dit Mgr.	- > /		WHAT COUNTRY?
heliud	. Harvester	Balto		USIT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Henry C. Claus		alice ma	mer	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT Kathryn	M Clary	(Wideling)
Yer WWI	212-06	0430	i ii. Olai j	(WICON)
18. / 5 2 / 1	CAUSE	F DEATH A A A	-00. 10.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	MAXSIL	IE HEPHIC CH	1000 M	ATTO ONSET AND DEATH
LEADING TO DEATH	BA	Eller Klong	white the	Concer
(This does not mean the mode of dying,	e.g., DUE TO			
heart failure, asthenia, etc. It means the dise		C4-44	The state of	
injury or complication which caused death.)	CAN	CONDOMA O	TRANSVE	ME COLON
ANTECEDENT CAUSES	(B) DUE TO		I	
DISEASES OR CONDITIONS, if any, gi				
rise to the obave cause (A) stating				
UNDERLYING CONDITION lost.	***************************************			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES WEDE EL	NDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	or which ortranor	761	N CERTIFYING CAU	SES OF DEATH?
	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY	r Occur?	
S OF INJURY	While At Not Whi			
(APPROX)	Work At Work			,
22. I certify that (I) (this hospital) attend	ed the debeased from	211/6 10	- 9/-	1/66 19
	CIDIL		toto	
that (I) (we) lost sow the deceased alive	on (// 6	19ond that i	in (my) (our) opin	ion death accurred on the date
and hour and from the causes stated above	e. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23 B. DATE SIGNED
100000000000000000000000000000000000000	M.D. Att	ending Med. Sto		9/7/1
When Church	Phy		y s.	11/1/64
23C. PHYSICIAN'S	-	23D. ADDRESS	,	
NAME (Type)	A CO	421 Les.	ester	ave.
Panel. Wine	150n M.D.	1-(-110.	3
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY or CR	EMATORY 24D. LOCA	ATION (City	, town, or county) (Stote)
Burial 9/12/66	Balto. Nat'	l. Cem. Ba	ltimore	
25A. DATE REC'D SCHEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2.0.72 ***	ADDRESS
1000 060	as a days Al	25C FUNERAL DIRECTOR Mitchell-Wie 6500 York Ro	dereta He	ome, Inc.
VS 150-REV. 1/1/65		TODOU TORK RO	ad=21212	
V3 130-KEV. 1/1/03				

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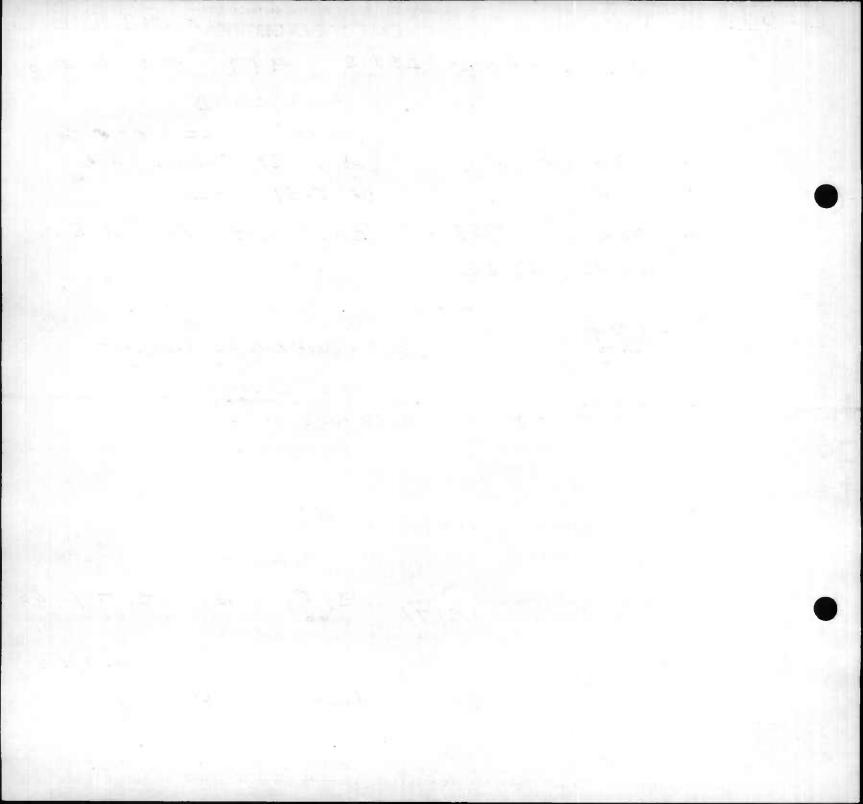
BALTIMODE	CITY	DEALTH	DEDADTAKENIT
DALTIMORE	CILI	DEALID	DEPARTMENT

	TH NO. 66	09095		CER	RTIFICA	TE O	F DEAT	rh '	Registered N	10. 61	5_09	095
1.1	Pe or Print)	VED H	EN	DY	200	115	2. DA	TE AND H	OUR OF DEA	1966	14	30
3.	PLACE OF DEATH IN						L RESIDENCE	E (Where de	*		residence t	before admission)
	FULL NAME OF (I	f not in hospital or i	nstitution a	ive street		A. STATE		YLA	LNA			
		ddress or location)				C. CITY	OR TOWN	(If outside	city limits, w	rite RURAC C	nd give low	vnship)
4	4					0:	SAL		ORE		- 100	-01
a	nier M	emorial	Ro-	26		D. STREE	ADDRESS		Thon		Aug	
5.	SEX 6. RACE			EVER MA		B. DATE C	F BIRTH	9. A	GE (In years birthdoy)		der 1 Yr.	If Under 24 Hrs.
	M.	W.	W			0	15-94	9	72	741011111	SOOYS	Tours with,
dor	USUAL OCCUPATION of during most of working li	(Give kind of work 108	KIND OF	BUSINESS O		11. BIRTH	PLACE (Stote	or foreign c	ountry)		TIZEN OF	NTRY?
	1211111	2	93	RES.	ress	BA	LTI1	MORE	E M	D.	U.	2.
13.	FATHER'S NAME					14. MOTH	IER'S MAIDE	N NAME				
	CHARL		DE	R			unkno	own				
15. (Ye	Was Deceased Ever in s, no or unknown) (If yes,	U. S. Armed Forces: give wor or dotes of	service)	1 6. SOCIAL SECURI		17. INFOR	MANT				ADDRES	S
	yes WW	1	21	5-01-	3360	Mrs.	Mildr	ed Ka	nnler	,dght.	abo	ve
	18.33/X				CAUSE O	F DEATH						L BETWEEN
		ONDITION DIREC	TLY		CED	E BA	OVASK	CUL	AR A	SC / NE	ENT	
	(This does not mean heart failure, ostheric				DUE TO	,					/	**************************************
	injury or complication				110	IPE	RTE	WS/	ON			
	ANTECE	DENT CAUSES			DUE TO	() (-	/0 / /_	TH	É		~~~~~~~	
	DISEASES OR CON				(B) H DUE TO (C) CLR	RHL	2325	OF	LIVE	R		
	UNDERLYING COND		ining inte		(C)		***************					
Z		11										
ATIO	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	BUT NOT RELATED	TRIBUTING TO THE									
FICA	19A. DATE OF OPERAT	ION 198. CONDITI		HICH OPE	RATION	20 A. A	UTOPSY? (Yes	or No. 20	B. IF YES, WI	RE FINDING	S CONSID	ERED
ERTIFIC	0	WAS PERFOR	MED				110	IN	CERTIFYING	CAUSES OF	DEATH?	
CALC	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. home etc.)	PLACE OF	INJURY (e.g., ir tory, street, of	fice bldg.,	ŽIC. WHERE INJURY OCC	DID UR?	(If in Balti	more City, g	ive exoct lo	ocotion)
EDI	21D. TIME (Month) OF INJURY	(Doy) (Yeor) (H		INJURY OC			21F. HOW DI	ID INJURY	OCCUR?			
8	(APPROX.)		Whil	e At	Not While At Work			,				
	22. I certify that (I)	(this hospital) a	ttended th	e decease	d fram,	9	15/	19 .(56 to	1	7	1 19 66
	that (I) (we) last sa	w the deceased a	live an	9/	7/	19	66	and that in	n(my) (aur)	apinian de	ath accur	
	and have and from t											
	23A. SIGNATURE		_							23 B. D.	ATE SIGNED	
	Loll	- 2-		-	Phy		Med. Director	Stoff Phys			9/7	166
	NAME (Type)	TAM	- A (וגת	, M.D.	23D. ADDR	ess /	Memo	riel	Hos	Sm	
244	A. BURIAL CREMATION	24B. DATE	24C NA	ME OF CEN	METERY OF CRE	MATORY		24D. LOCA	TION	(City town	1	(Stote)
'	REMOVAL (Specify)									(City, town,	or county)	(5101e)
	Burial	9/10/66	l ro	rain	e Park	Cem.		Balt	imore.	, Md.		

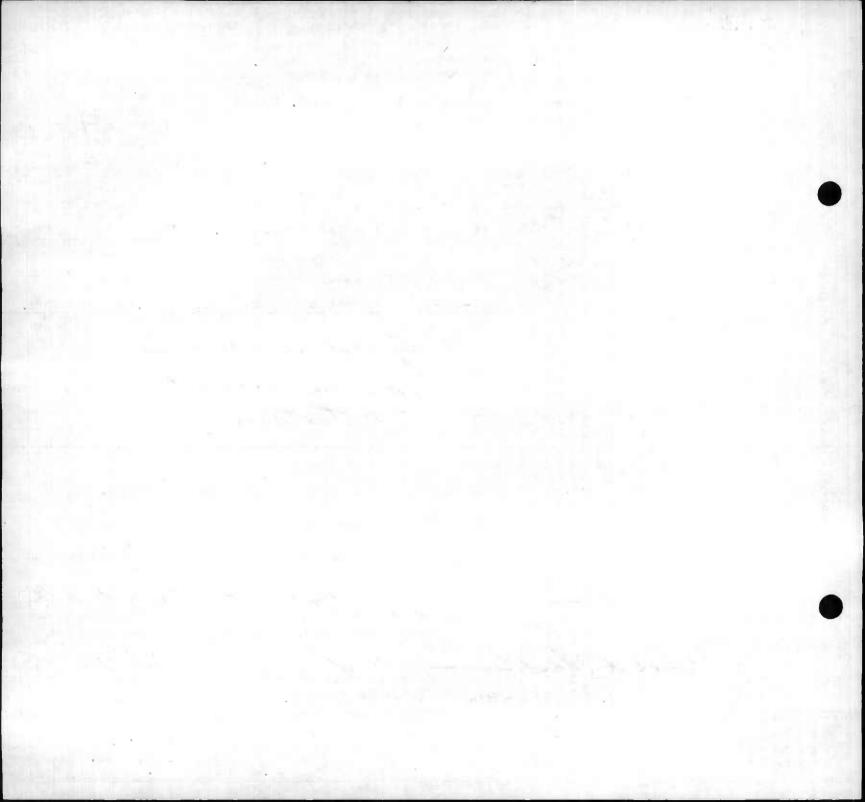
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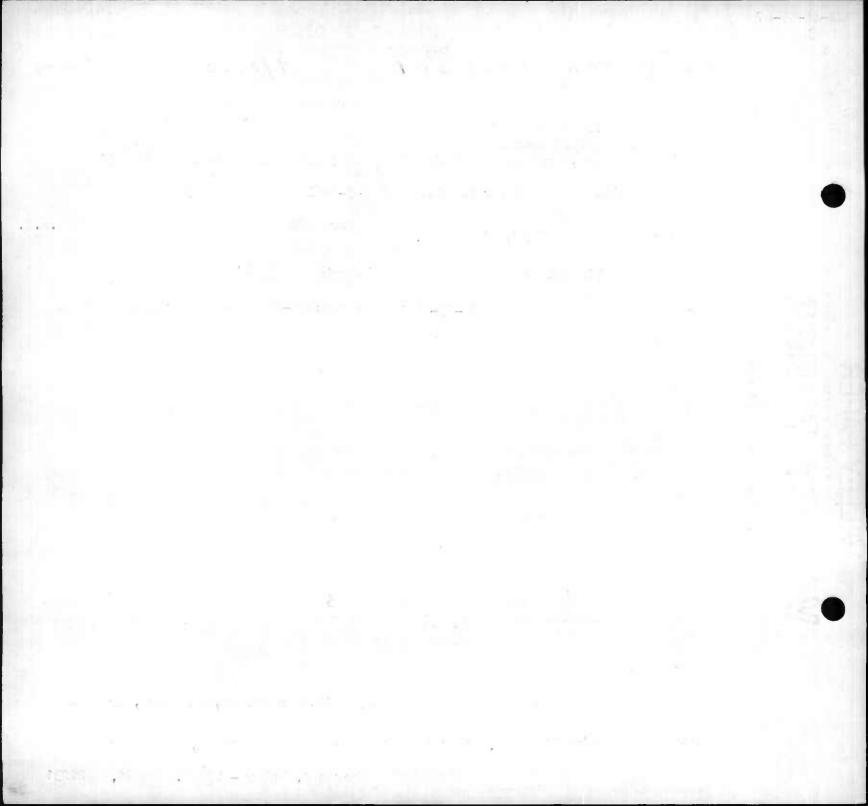
Schimunek Funeral Home, Inc. 3331 Brehms Lane



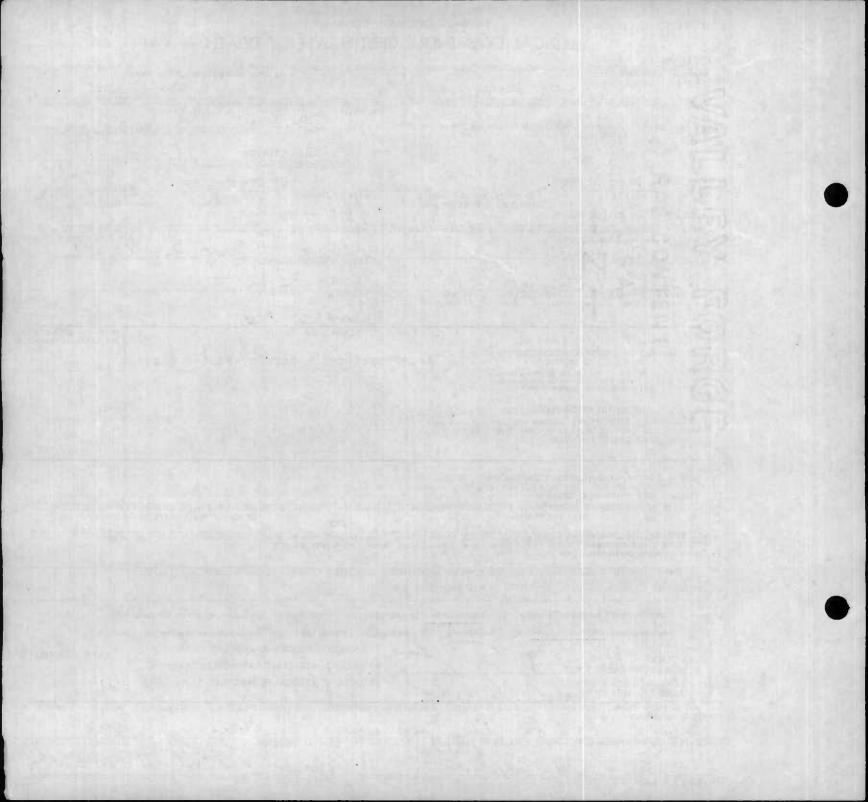
		BALTIMORE C	TY HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	66 0909	6 CERTIFIC	ATE OF DEATH	Registered Na	66 09096
1. NAME OF DECI		. ROTHHAUPT		.6, 1966	
3. PLACE OF DEA	TH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital a address or location)	r institution, give street	Md. 212		RAL and give Poweship)
(Church Home	Hospital	Baltimo	rurol, give location)	-07
35			108 N.	Washingto	n Street
female	white	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 3/5/1898	9. AGE (In years lost birthday) 68	If Under 1 Yr, If Under 24 Hr Months Doys Hours Min.
IGA, USUAL OCCU done during most of v Housew:	varking life, even if retired)	ob, kind of Business or Indust at home	RY 11. BIRTHPLACE (Stote or fore Baltimore		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM		a none	14. MOTHER'S MAIDEN NA		1
	Laste	r	unknown		
	Ever in U. S. Armed Force (If yes, give wor or dotes		17. INFORMANT		ADDRESS
		219-22-0635	Thelma Tabor	r, dght, 702	N.Luzerne Ave.
DISEASES OF THE SIGNIFICATION OF THE DESCRIPTION OF	R CONDITIONS, if of obove couse (A) CONDITION (a) CONDITION (a) CONDITIONS CO	NTRIBUTING ED TO THE	eneralized sercenome L metactas	2	
19A. DATE OF	OPERATION 198 COND WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ OR CONTRIBU	TING CAUSE OF	21B. PLACE OF INJURY (e., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED While At Work At Wo		URY OCCUR?	
that (I) (we)	last saw the deceased	attended the decreed from		to t	Dung 30 1966 nian death accurred on the do
23A. SIGNATU CLEAN 23 C. PHYSICIA NAME (T)	le Mac	Min M.D.	Attending Med. Phys. 23D. ADDRESS	Stoff Phys. altimore S	Sept 7. 1960
24A. BURIAL CREA REMOVAL (S Buri	AATION, 24B. DATE pecify)	24C. NAME of CEMETERY OF	CREMATORY 24D. L		ty, town, or county) (State)
25A. DATE REC'D	ED 9 1966	58. NAME OF REGISTRAR	SCHIMUNEK		me, Inc.



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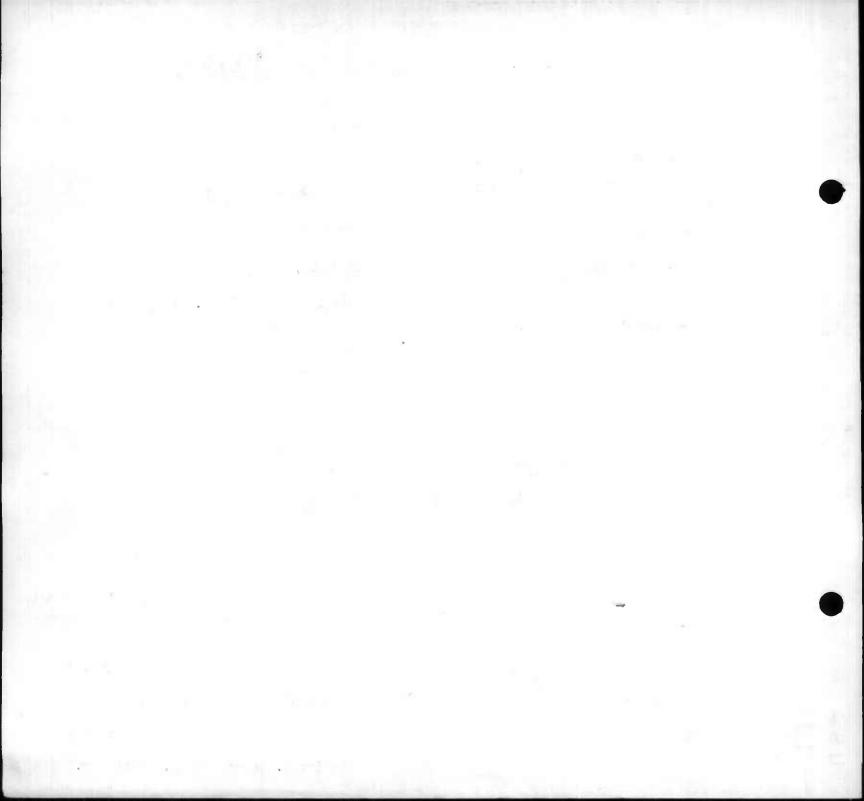


	66	09098		BALTIMORE CITY HEA				6	6 09098
BHR	TH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Register	red No	
M.	E CASE NO.								
1.	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
СТУ	pe or Print)	Rut	h Roge	rs			9/6/66	5	6:30 a.
3.	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	NCE (Where d	leceosed lived. If instit	lution: reside	nce before odmissi
EII	II MANAFOE	(IE NOT IN HORSE	AL OR INITERIE	INON CIVE CERSES	II M	Maryland			
HC	SPITAL OR	ADDRESS OR LOC	ATION)	JTON, GIVE STREET	C. CITY OR TOW	N (If outside	corporate limits, write	RURAL ond	give wnship)
IN:	SITUTION				T P	Baltimor		La second	(2)
7					D. STREET ADDRI				
0	601	Fremont Ave				601 Fr	emont Ave.		
5.	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1	Yr. If Under 24 H
+	female	colored	WIDO WED,	DIVORCED (specify)	818-	ianh	last birthdoyl	Months D	Poys Hours Mir
			LIOR KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE (S	State or foreign		12. CITIZEN	1.05
		Porking life, even if retired)	NAME OF	BOSINESS OR HADOSIK	A A	1 n	1		COUNTRY
12	FATHER S NIAM	1 Duswife	,		Antore	K-11-	Carolina	11	-3/1
13.	FATHER'S NAM	ME A D			14. MOTHER'S MA	AIDEN NAME			
	(say	all Dows	may		Jamu				
15. (Ye	s, no or unknown	ED EVER IN U.S. ARME	D FORCES? es of service)	16. SO CIAL SECURITY NO.	17. NEORMANT			ADDRESS	
		MA	-		Thurs 1-	10001	1		
	18. // >	2 /		CAUSE	OF DEATH	Topica	<u>_</u>	1	NTERVAL BETWEEN
	TO	SE OR CONDITION D				0		C	DNSET AND DEAT
	DISEA	SE OR CONDITION D	H	Arteri	osclerotic	cardio	vascular di	sease	
	(This does	not meon the mode o	f dying, e.g.,	DUE TO	***************************************	••••••			
	injury or co	implication which coused	deoth.l						
		ANTECENDENT CAUS	FS						
		OR CONDITIONS, IF		(B)					
	RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE						
z				(C)	•••••		*****		
은		II					- Total		
S	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	NG				-910	
臣	DISEASE O	DEATH BUT NOT RE		Ht					2 0 0 0 m in = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERTIFICATION	19A. DATE O	F OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 2	OB. IF YES, WERE FIN	DINGS CO	NSIDERED
	0	WAS PE	RFORMED		no		N CERTIFYING CAUS	ES OF DEA	IH?
MEDICAL	21 A. EXTERNA	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. W	HERE DID	in Boltimore City, giv	e exoct loca	otion)
ă	UTING CAL	JSE OF DEATH.	etc.)	, tonn, locioty, succe,	J. 1113 O.K.	OCCUR:			
Σ	21 D TIME	(Month) (Doy) (Yes	or) (Hour) 2	E. INJURY OCCURRED	21 F, HO	W DID INJUI	RY OCCUR?		
	OF INJURY		V	WHILE AT IN NOT	WHILE				
	22.		m. V	VHILE AT NOT	WHILE ORK	7000			
		tify that I held an	Inquiry 🗌	Inspection X Au	topsy ond	that on this	bosis, death in m	y opinion	
œ.	resu	Ited from: Notural co	uses X A	ccldent Suicid	e Homicid	le U	ndetermined monne		
		1.1				DICAL EXA			
	ACTUA		1	> /	ASSISTANT ME				DATE SIGNED
	SIGNAT		101.6	M.D	•		-	0/	7166
	NAME (T)	or II Co	itz Mn	ASSOCIATE ME	DICAL EX	AMINEK	7/	7/66
	A. BURIAL CRE	MATION, 23B. DATE	230	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or cou	unty) (Stotel
RE	MOVAL (Specif	(y) 0 0 2	-11	R. n	11)	ratt P	. A.	
24	Dence	W 4-8	-60	My jon	ul	0	www ce	ecote	men.
241	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAT	24C. FUNERA	L DIRECTOR	1 17	in (DRESS
		amm A MARA	10 13 12.	C. C. Sanda E.E REEL	VII	//	1 1/20	IIIV	2 1-1/11 8

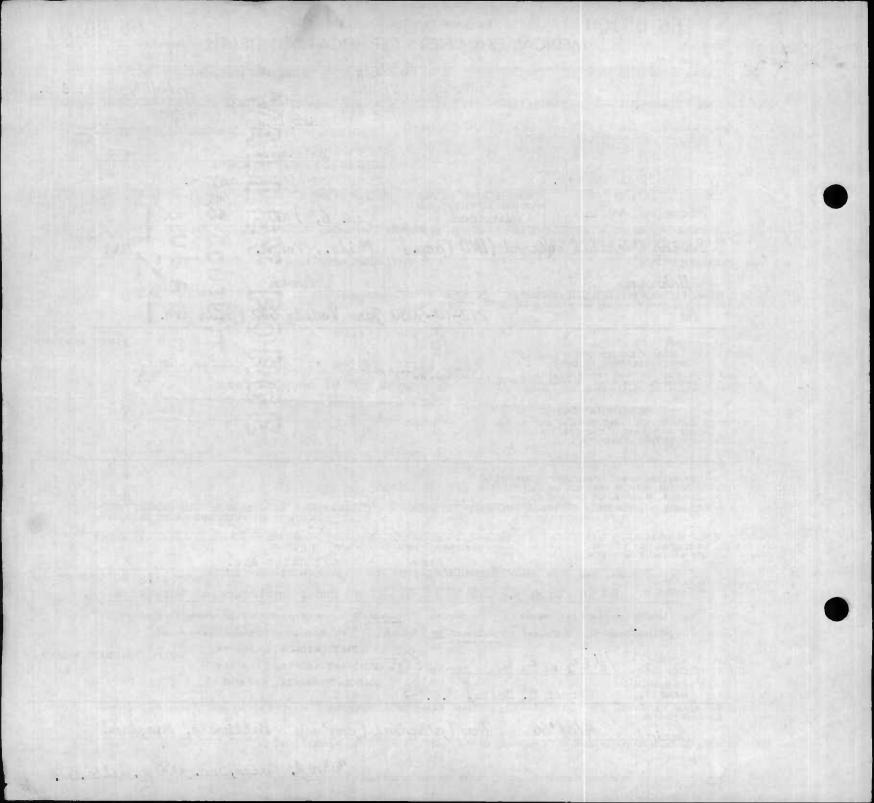


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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	.) A fracture of any kind; (4) Undetermined cause; (5) Deceased	who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	btained before the remains are embalmed or final disposition is made.
the body was released to the hospital by a medical e	shows: (1) An accident of any nature; (2) Body burns; (3	was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains

00 00000	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00000
BIRTH NO. 66 09099 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	66 09099
1. NAME OF DECEASED ((Type or Print) Martha Ba	ker!	2. DATE AN	HOUR OF DEATH	1220 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAI FULL NAME OF (If not in hospitol or ins HOSPITAL OR oddress or location)		Bactinore,	Marylane	titution: residence before admission
INSTITUTION		Maryland	0	URAL ond give township)
The Johns Hopkins	Hospital	D. STREET ADDRESS (If	oles At	- ,
5. SEX 6. RACE 7. N	ARRIED, NEVER MARRIED VIDOMED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTR	Virginia	gn country/	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Floyd Booker 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	1 6. SOCIAL SECURITY NO.	Turbin, Ros	е	ADDRESS
		Robert Baker	1323 N. Dal	
DISEASE OR CONDITION DIRECTI LEADING TO DEATH		pertusine Car Ditase	Merrasculu	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the injury at complication which coused deal ANTECEDENT CAUSES	disease, h.) (B)	DISTASE		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) state UNDERLYING CONDITION lost.	giving DUE TO			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE			
`	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
U ZIANACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Nork At Work		URY OCCUR?	,
22. I certify that (I) (this haspital) att		- /	19 66 to	9/1 1966
ond hour and from the causes stated o	, (ot in (my) (our) opIn	ian deoth occurred an the d
23A. SIGNATURE	CAP-P M.D. AI	tending Med.	Stoff Phys.	23B. DATE SIGNED 9/8/66
23 CAPHYSICIAN'S NAME (Type) Herman Gold	M.D.	The John	s Hopkins	Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	1		y, town, or county) (Stote)
Burial 9/12/66 25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		nty, Virginia
SEP 9 1966 R.	Call E. Fallouna	William C. M.		
VS 150-REV. 1/1/65		1 1		

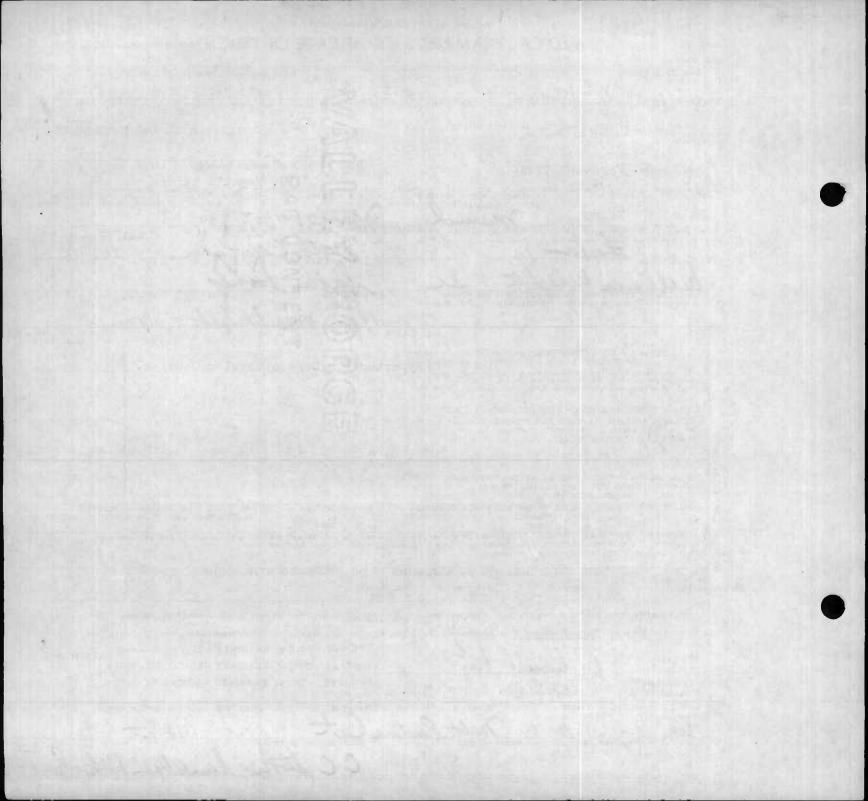


66 09100 BALTIMORE CITY HEA	00 031111
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	LILZ 2. DATE AND HOUR PRONOUNCED DEAD
1. NAME OF DECEASED (Type or Print) Frances V	editz 2. Date and Hour Pronounced Dead 9/6/66 10:35 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
(00.0)	D. STREET ADDRESS (If rurol, give location)
622 Cator Ave.	622 Cator Ave. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
female white 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Jan. 6, 7900 lost birthdoy! Months Doys Hours Min.
JOA. USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY done Gring most of working life, even if refired (BVD (orp.))	Phila., Penna. WHAT COUNTRY?
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Unknown Address
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212-10-5080	Jane Veditz 622 (ator Ave.
DISEASE OR CONDITION DIRECTLY	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) First,	second and third degree burns
(This does not mean me mode of dying, e.g., hear foilure, asthenia, etc., II means the disease, injury or camplication which caused death.)	er 50% of body surface
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
UNDERLYING GOR CONTRIB- O UNING □ CAUSE OF DEATH. home, form, foctory, street, etc.)	7-0/
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	622 Cator Ave. 21F. HOW DID INJURY OCCUR? Smoking in bed while
(APPROX.) 9 6 66 7:30 a.m. WHILE AT NOT AT V	while under influence of barbiturates.
	tapsy 🗵 and that an this basis, death in my aplnian
resulted from: Natural causes Accident Suicid	
ACTUAL SIGNATURE MERCHANIS L. TO (M.C.	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 9/6/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 9/8/66 New Cathedre	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	John A. Moran, Inc. 3000 E. Balto St.
VS 151-REV. 1/1/65 N 7 7 6 6 6	0 9 1 0 2



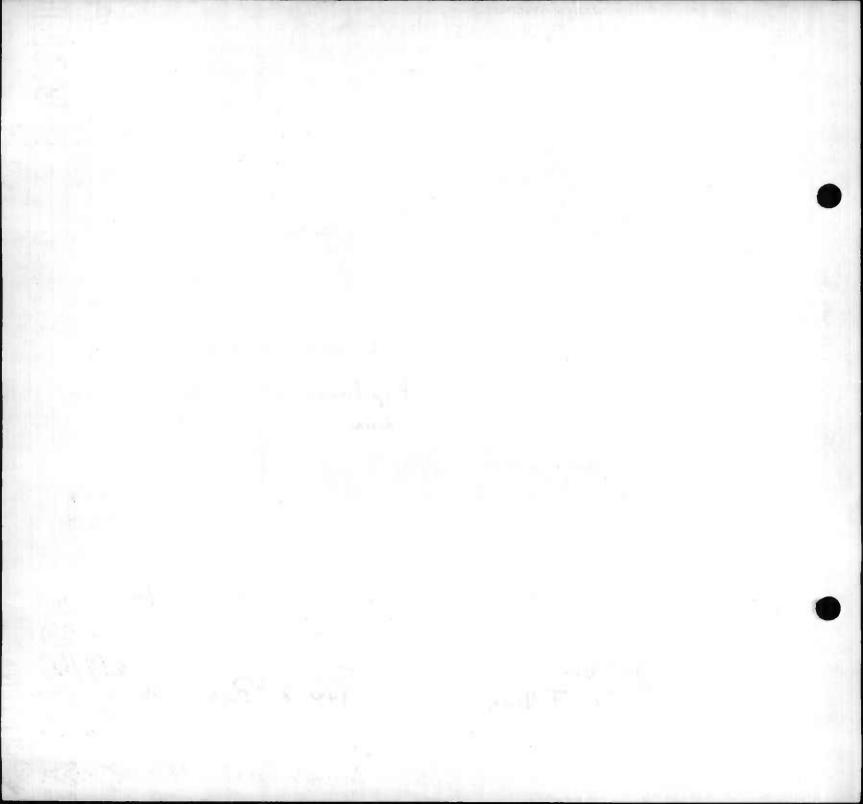
VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WILLIAM G.	WRIGHT September 7, 1966 8:05 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before advission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR	Maryland 2
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give fownship)
	Baltimore
2234 W. Fayette Street	D. STREET ADDRESS (If rurol, give locotion)
00	2234 W. Fayette Street
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (50% cif	D B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Norths, Doys, Hours, Min.
Male Negro manuel	Duc 21-1900 50
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	NDUSTRY 1). STRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life even is etired)	hoth Country WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
While Wright	La Die Hereda
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO	
Pa	Wela mur Wright Same
18. 44 3 X	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH	lypertensive Cardiovascular Disease.
(This does not meon the mode of dying, e.g., heat foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	
may of complete and which coused devilled	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE	ro
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON LOGA AUTODOVO W NI VIGO TO VIGO TO VIGO TO VIGO
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJUR	Yes Yes RY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)
UNDERLYING OR CONTRIB- home, form, foctory,	street, office bldg., INJURY OCCUR?
4	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT	NOT WHILE AT WORK
22.	
I certify that I held an Inquiry Inspection	
resulted fram: Natural causes X Accident	Suicide Hamicide Undetermined manner
01	CHIEF MEDICAL EXAMINER
SIGNATURE (Charles) Pour	M.D. ASSISTANT MEDICAL EXAMINER X
EVAMINED'S	9/8/66
NAME (Type) Charles S. Petty, M.	.D.
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEM	AETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Busing 8 - 11- 1do malt 8	A. Chit Porker trans for
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 3 1905 17.0 15 9 40 17.	ne ne
10000 47 00000	2 C. C. MoRis her Offers Kicker March



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	00.5	0100	BALTIMORE CITY	HEALTH DEPARTMENT		00 00100
M.I	L CASE NO.	9102	CERTIFICA	TE OF DEATH	Registered No.	66 09102
	AME OF DECEASED	rie S	Topenson	2. DATE AND	HOUR OF DEATH	9 P.M.
3.	PLACE OF DEATH IN BALT	MORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before admission)
1		t in hospitol or institut ss or locotion)	ion, give street	C. CITY OR TOWN AIS outs		JRAL and give township)
00	121 N. Ch	agral S	· ·	D. STREET ADDRESS (III III	orol, give location)	ST.
5. 9	EX 6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	emale Color	ed	MArried	Nec, 18, 1916	49	10013
	. USUAL OCCUPATION (Give during most of working life, ex	e kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		None	WINNSberg	5. Carcline	U.S. A.
13.	FATHER'S NAME	1-6		14. MOTHERS MAIDEN NAM	E	
	CLIFI	NoodL	and	RILUW -	SAWWEL	
15. (Ye	Was Deceased Ever in U. S s,no or unknown) (If yes, give	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	1/0		213-16-3914	James Ste	venson	SAME
	18. 4/1/2 X I		CAUSE O			INTERVAL BETWEEN
	DISEASE OR CON			0 0 0	. 1.1.	ONSET AND DEATH
	LEADING 1		(A) alu	to Carelen di	Water	104
	(This does not mean th heart failure, asthenia, et injury ar camplication wh	c. II means the dise		1 01	11.1	
	ANTECEDEN	IT CAUSES	(B)	ulmow Caroli	ic. Villately	16 /2
	DISEASES OR CONDIT			4.5		J
	rise to the above of UNDERLYING CONDITION		the (C) ave	100		
	11	l				
ATION	OTHER SIGNIFICANT COI TO THE DEATH BUT DISEASE OR CONDITION	NDITIONS CONTRIBUTION OF RELATED TO CAUSING IT.				
ERTIFIC,	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa	USE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ED	21D. TIME (Month) (I	Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S	(APPROX)		While At Not While Work At Work	e 🔲 /		,
	22. I certify that (I) (th	is hospital) attend	ed the deceased from /	2/1	, LL 10 9	12 19 66
	that (I) (we) lost sow t		a l	' //		an death occurred on the date
	and hour and from the	auses stated abov	e. (1) (We) (did) (did nat) v			
	23A. SIGNATURE	-				23B. DATE SIGNED
	Scta	(drun	M.D. Atle		toff by s.	4/9/66
	23C. PHYSICIAN'S NAME (Type)	F.11.	M.D.	23D. ADDRESS	Bet)	17
244	BURIAL CREMATION, 24	B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	town or country (State)
-	REMOVAL (Specify)		nat 11. T	240. 10	1 /	, town, or county) (Stote)
	O UTINE	DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	INNI GOTO	ADDRESS
	SEP 9	1966	SE Falen	Alexander Ru	50 L Sward Hon	e Winnshiro, S. C.
VS	150-REV. 1/1/65			The state of the s	, C- , - , - , - , - , - , - , - , - , -	-



BIRT	н но.	MED	ICAL EXA	AMINER'S CI	ERTIFICATE O	F DEATH Registe	ored No		
-	CASE NO.							R	
Тур	AME OF DE	LE(DN W.	JAMES	Se	ptember 1, 196	56 2:40	P. M.	
	LACE IN BAI	TIMORE MARYLAND W	AME	NDED	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission. STATE Maryland Maryland				
IIHO:	SPITAL OR	ADDRESS OR LOCA	(TION)	11-15-66	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
37	1	Mercy Hosp:	ital		D. STREET ADDRESS (IF	rurol, give locotion) Lombare Stricker-Stre	ed ST	The	
5. S	Male	6. RACE White		EVER MARRIED VORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 52	Months Doys Hou		
done	USUAL OCC	CUPATION (Give kind of work working life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY	1?	
	ATHER'S NA				14. MOTHER'S MAIDEN N	IAME			
	A	. H. VAME	25		LIZZIE 1	3011			
		ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	0000 1517	ADDRESS AND LO	nelc	
	1B.	000	1	CAUSE	OF DEATH	GORY 1211	INTERVAL	BETWEEN	
	DISEA	ASE OR CONDITION DI	RECTLY				ONSET AN	D DEATH	
		LEADING TO DEATH		(A) Br	onchopneumoni	a			
	(This does not meon the mode of dying e.g., heart following or construction of course double. It means the disease, injury or complication which coused death.)								
	ANTECENDENT CAUSES								
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)		***************************************			
_		ING CONDITION LAST.	IAINO INE	(C)					
<u> </u>		l)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
ERTIFICATION	TO THE	CONFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE						
CERT		F OPERATION 198, CON WAS PER	DITION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes or Yes	No. 208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?		
0	UNDERLYING	ALCAUSE WAS FOR CONTRIB- USE OF DEATH.	21 B. PL home, etc.)	ACE OF INJURY (e.g., form, foctory, street, or Home	ffice bldg., INJURY OCCUP	ID (If in Boltimore City, g		2	
Σ	21D TIME	(Month) IDoy) (Yeo) (Hour) 21E	INJURY OCCURRED		INJURY OCCUR?	///	2	
		14, 17, 1966 2 16, 1966 bet	OO A WH	SS & TI : LIST W	WHILE X Fell d	own steps			
	l ce	rtify that I held an I			Dried Printer	n this basis, death In	my apinian		
	resu	Ited fram: Natural ca	uses Ac	cident X Suicide	Hamicide	Undetermined mann	er 🗌		
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
		NER'S Charles	S. Spring		ASSOCIATE MEDICAL		otember 2, 19	966	
REN	BURIAL CR 19VAL (Speci 2006)	" Syt 10,	166 a	MULLAN	Loquis	appellac	wer)	(Stote)	
24A		SEP 9, 1966	248, NAME OF	REGISTRAR	FUNERAL DIRECT	410180	elmendse.	ulle	
VS	151-REV. 1/1	165 N - 0 4	1,425	000					

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THE REPORT OF THE PARTY OF THE

20	20	2					MORE CITY				B. J. J. J. N	66)9104	
		H NO. CASE NO.	66 03	9104		CER	TIFICA'	EC	F DEA	TH	Registered N	d		
	1. N	AME OF DECE			1445		_		2. D	ATE AN	D HOUR OF DEA			
				HY,		ELINE	E.	4 (161)	L BESIDENIS	P //A/L	9-7-66 deceosed lived. I		9:0	00P M.
	3. P	3. PLACE OF DEATH IN BALTIMORE, MARYLAND						A. STAT	E B	. COUN	e deceosed lived, I TY	f institution; i	residence belote	odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)						MARYLAND							
		NSTITUTION				COLTAI		C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
	;					DSPITAL		BALTIMORE D. STREET ADDRESS (If rurol, give locofted)				Married .		
	A.)	EME	RGEN	CY RO	MOC		2556 SOUTHDENE AVE						
made.	5. SI	EX	6. RACE		7. MARRIE	D. NEVER MAR	RIED 8		OF BIRTH		AGE (In years	If Unde	er_1 Yr. , If Un	der 24 Hrs.
E G		FEMALE		TE		VED, DIVORCED			30- 10	. 11	ost birthdoy)	Months	Doys Hours	
<u>s</u>	IOA.	USUAL OCCU	PATION (Give	ind of work	10B. KIND	RRIED OF BUSINESS OR INDUSTRY						12. CIT	IZEN OF	<u> </u>
final disposition	done	during most of w	rorking life, even	if retired)				T07	est Vi	rgi	nia		AT COUNTRY?	
Sil	13. F	ATHER'S NAM	E				1	4. MOI	HER'S MAID	EN NAA	A E			
Sp			Wi	110					D					
9		Vos Deceosed	Ever in U. S.	Armed For		1 6. SOCIAL		7. INFO	Bessi RMANT	e III	UTI		ADDRESS	
na l	(Yes,	, no or unknown)	(If yes, give v	vor or dote	s of service	SECURITY	NO.	TZ	AGNE	S HO	SPITAL -	CATON	TON & WILKENS A	
Ę		18. / ¬ / \					CAUSE OF			7 110	JI IIAE -	CATOR	INTERVAL BET	
0		1101	E OR CONDI	TION DIR	ECTLY						- 0		ONSET AND	
balmed			LEADING TO			(A) (ar	inos	us of	the	Ploras	t		
=		(This does no heart failure,				g., C	UE TO		A A					*************
mp		injury or cam					will	SM	vivor	22	grenza	2		
Ф		ANTECEDENT CAUSES (B) DUE TO												
are		DISEASES OR CONDITIONS, if any, giving												
	rise to the above cause (A) sloling the (C) UNDERLYING CONDITION lost.													
remains														
E B	0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE												
	AT	DISEASE OR CONDITION CAUSING IT.								. N1	000			
ore the	ERTIFIC	19A. DATE OF OPERATION WAS PERFORMED				OK WHICH OPERATION		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA		CAUSES OF	FINDINGS CONSIDERED AUSES OF DEATH?			
ore	CER	U 21A. ACCIDENT WAS UNDERLYING				21B. PLACE OF INJURY (e.g., in		n or about 21 C. WHERE DID (If in Boltimor		more City, gi	re City, give exact location)			
bef	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)				home, form, foctory, street, off etc.)		ffice bldg., INJURY OCCUR?						
ed b	ㅁ	OF INJURY (APPROX.)			(Hour) 2	While At Not While		21F. HOW DID INJURY OCCUR?						
ne	AE S				,			e						
tain						Work 🗀	At Work							
opt											966.10S.E			
pe		that (I) (we)	last saw the	decease	d alive a	SEPIE	MBER /	19	66	and the	at in(my) (aur)	apinian dec	ith accurred o	on the date
	1 [uses stat	ed abave.	(1) (We) (did)	(did nat) vi	ew the	bady after	death.				
D E		23A. SIGNATUI	(117		1			r —	A4 - 4			23 B. D.A	TE SIGNED	
approval must		M. Pets	0 70	inwa	Si		M.D. Atlen		Med. Directo	or	Phy s.	9.	8-66	
>0		23C. PHYSICIAL NAME (Ty	N°S pel				2:	D. ADD	RESS					
pr			Peter	Stasi	owski		M.D.	St.	Agnes I	Hospi	tal Caton	& Wilk	cens Ave	s. 29
a	24A	BURIAL CREA	AATION, 24B.	DATE		NAME of CEME	TERY of CREA				CATION	(City, town,		(Stote)
written		Burial	,	9-70	-66	Western	Cemet	ery			Baltimor	e, Md.	E	
E	25A.	DATE REC'D	BY HEALTH D	EPT.		E OF REGISTRAR			FUNERAL D	RECTOR			ADDRESS	
}			off a	1966	Pulso	SE, Sta	Cosperal .	71	itzkę	Tak.	D4101	Ldmon	dson Av	
	VS 1	150-REV. 1/1/6	5		1		7. 1.	D.		1-0				

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

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IMPORTANT FUNERAL DIRECTOR:

rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased the Such (Type or Print) 20 eath. 3. PLACE OF DEATH IN BALTIMORE ance Maryland **FULL NAME OF** (If not in hospital or institution, give street ō HOSPITAL OR addrass or lacation) C. CITY OR TOWN attend INSTITUTION Towson prior Mercy Hospital D. STREET ADDRESS (If rurol, giva lacotian) 8213 Thornton Rd. regular S. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoy) Feb. 28,1900 White 66 Male Married IGA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) done during most of working life, even if retired) = disposition Teacher Loyola High School Baltimore, Maryland Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Albert I. Helfrich Barbara Basel assistant death 6 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes af service) SECURITY NO. attendance WW 1 218-40-1019 Yes any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY to embalmed LEADING TO DEATH (This does not mean the made of dying, hearl failure, asthenia, etc. It means the disease, the chief medical examiner 9 injury or camplication which caused death.) regul who ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ල la the abave cause (A) stating the physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED to the hospital by 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (a.g., in ar obout 21C. WHERE DID home, farm, foctary, street, office bldg., INJURY OCCUR? where MEDICAL °Z DEATH (notify madical examinar) atc.) any nature; obtained 21 D. TIME (Month) (Day) (Yaar) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While While At (APPROX.) and Work At Work 22. Legertify that (1) (this hospital) ottended the deceased from that (1) (we) lost saw the deceased alive on eath) jo hospital and hour and fram the causes stoted obave((I) (We) (did) (did nat) view the body after death. was released must An accident 23A. SIGNATURE T Attending Phys. Mad. Director M.D. Staff 0 Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior ģ NAME (Typa) 24A. BURIAL CREMATION, REMOVAL (Spacify) shows: (1) 24B DATE 24D. LOCATION eceased the body 0.0 Burial 9-12-66 Holy Redeemer Cemetery Baltimore Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 09106 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Whore docaosed lived. If institution: rasidance A. STATE B. COUNTY Baltimore (If outside city limits, write RURAL and give township 21204 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Philomena Helfrich 8213 Thornton Rd. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yas at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) opinion death occurred on the date 23 B. DATE SIGNED Maryland ADDRESS Wm. Cook-Brooks Towson Inc. 1050 York Rd.

. 4 144 45 - 29 200,000 2.7- - horse thes. Well-common Half-Comme Commence Heavy Lagren ye

		BALTIMORE CITY	HEALTH DEPARTMENT		- 00 00100		
1.1	ятн NO. 66 U9107	CERTIFICA	TE OF DEATH	Registered Na.	206 09107		
1.	E. CASE NO. NAME OF DECEASED		2. DATE AN	P HOUR OF DEATH			
(1)	pe or Printing AR John Ande	rason	9/6	11966	8 A M		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE ME B. COUN	re deceosed lived. If inst	titution: residence before admission)		
	FULL NAME OF (If not in hospital or institution	on, give street	RFO TO Y E	Kton m	57-00		
+	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
4	LAKE DrivE NURSing	Home	Rural, Elkton D. STREET ADDRESS (If rurol, give locotion)				
	2401 EUT AW Place		R.D. 4	rurol, give location)			
5.	SEX GRACE 17. MARRI	ED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 His.		
		WED, DIVORCED (specify)	1.1	lost birthdoy	Months Doys Hours Min.		
10	A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	8/6/1875	gn country)	12, CITIZEN OF		
do	ne during most of working lite, even if retired) Farmor Farm		Sunda		WHAT COUNTRY?		
13	Farmer Farm	ing	Sweden 14. MOTHER'S MAIDEN NAM	AA F	USA		
	Λ .		14. MOTHER'S MAIDEN NAME				
	John Hnderson Was Decoased Ever in U. S. Armed Forces?	11 / 20 0141	17. INFORMANT	Flina	ADDRESS		
(Y	es, no or unknown) (If yes, give wor or dotes of service No	e) 16. SOCIAL SECURITY NO.	INFORMANT				
L		218-07-8791	J.M. Cangan	eun -2401 Eu	ma Place		
	18. 4 9 1 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	0	1				
1	(This does not mean the mode of dying, e	A. DUE TO	roucho puen	morna			
	heart foilure, asthenia, etc. It means the disearinjury or complication which coused death.)		•				
	ANTECEDENT CAUSES	(B)					
1	DISEASES OR CONDITIONS, if ony, giving						
	rise to the obove couse (A) stoling						
	UNDERLYING CONDITION lost.						
1	. 11	- 01	0 ' C	0	- :0 1		
	OTHER SIGNIFICANT CONDITIONS CONTRIBU' TO THE DEATH BUT NOT RELATED TO	THE Chrome	. Brain Syn	oroul	Dem Lity		
N A	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FIL	NDINGS CONSIDERED		
FRTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?		
Ü	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		(If in Boltimore	oltimore City, give exact location)		
IA	DEATH (notify medical examiner)	home, form, foctory, street, o etc.)	mice blag., INJURY OCCUR?				
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
2	OF INJURY (APPROX.)	While At Not Whi					
		Work At Work					
1	22. I certify that (I) (this hospital) attende	0 4		19 66 to	1-6- 1966		
	that (I) (we) last saw the deceased alive a			at in(my) (aur) apini	an death accurred an the date		
	and haur and fram the causes stated above	e. (I) (We) (did) (did not)	view the bady after death.				
	23A. SIGNATURE	M.D. AH	anding — Mad —	and the second second	23 B. DATE SIGNED		
	deror Valle and	Phy	ending Med. Director	Stoff Phy s.	9-6-66		
	PHYSICIAN'S NAME (Type) OF CAR /4/	E CAVERO	23D. ADDRESS	1 20			
	CETAIN VALUE	M.D.	2659 (10er	ex Rd.			
24	A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	, town, or county) (State)		
		Ikton Cemetery	Elk	ton Cec	cil Co. Md.		
25	A. DATE REC'D BY HEALTH DEPT. 258. NAM	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	(2) 1611)	ADD HSS		
	SEP 9 1966 R.	But E. Starley M.	Grant Funeral	all In	North East, Mi		
VS	150-REV. 1/1/65		70 1 7	011			

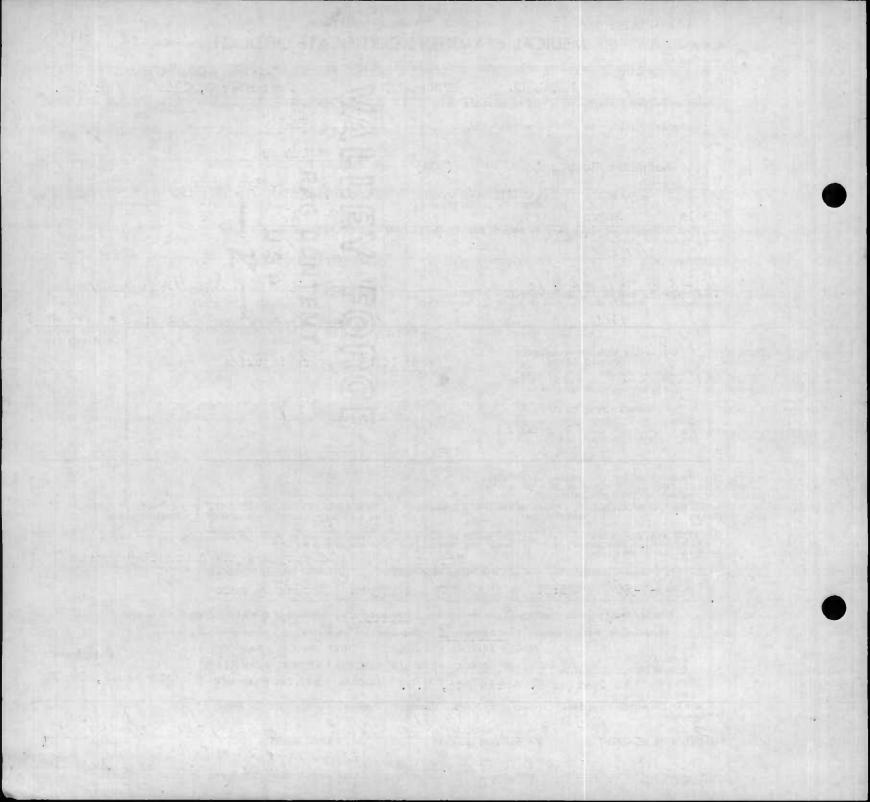
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31-8

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.56 U9108
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) MARSHALL RICHARDSC	2. DATE AND HOUR PRONOUNCED DEAD September 2, 1966 6:20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corparate limits, write RURAL and give township)
INSTITUTION	Pallaiman / -3
Lutheran Hospital (DOA)	Baltimore D. STREET ADDRESS (If rural, give locotion)
Lutheran Hospital (DOA)	
F CPV / LA BACK TO THE STATE OF	2804 Roslyn Avenue
Male 6. RACE MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours, Min. 65
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY 11. MRTHPLACE (State or foreign country) 12. CITIZEN OF
dane during most of working life, even if retired)	Manuland WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11/201 11/10/10	El 6-16 P 1 -1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS
(Yes, na of unknown), (If yes, give wor ar doles of service) SECURITY NO.	THE CAME AND ADDRESS
4es 10W1	Mildard Richardson 312 Rst N.W. 1
IB/ CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mu1	tiple severe injuries
(This does not mean the made of dying, e.g., DUE TO	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	,
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- 218. PLACE OF INJURY (e.g., home, form, foctory, street,	, in at about 21C. WHERE DID (If in Baltimare City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- home, form, factory, street, etc	office bldg., INJURY OCCUR?
3	Liberty Heights & Grantley Avenue
OF INTIDE	21F. HOW DID INJURY OCCUR?
(APPROX.) 9-2-66 5:52 A WHILE AT NOT	WHILE K Struck by auto
22.	utapsy X and that an this basis, death in my apinian
resulted fram: Natural causes Accident X Sulci	de Hamicide Undetermined manner
CA A O O	CHIEF MEDICAL EXAMINER
ACTUAL () 1	DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER September 2, 1966
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER September 2, 1966
NAME (Type) 23A, FURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY	CREMATORY 192D LOCATION (C)
23A, SURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
19-8-66 Halmaton	NAt. Anlington Vinginia
24%. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR, ADDRESS
0 1000 0 7 0	4.3. Washington & Sons
SEP 9 1966 10 0 60 8 STALLER	11025 Denne Bue NE. DC



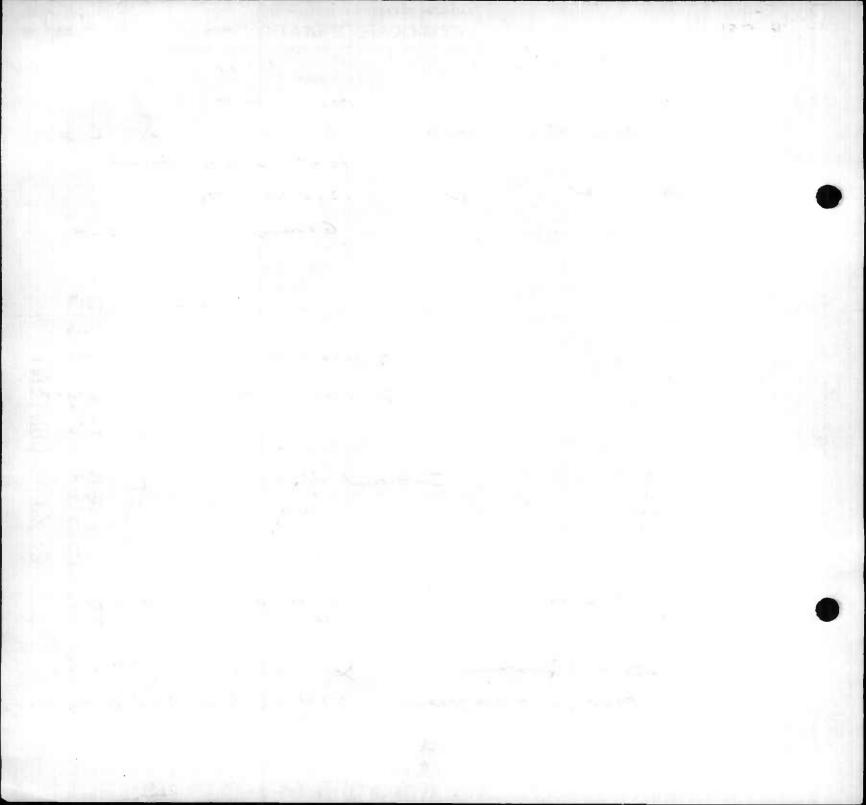
FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT							
	BIRTH NO. M.E. CASE NO. 66 09109 CERTIFICATE OF DEATH Registered No. 66 09109							
1. N	IAME OF DEC	Poul O.	OTTO BURKHARDT) Burkhardt	2. DATE AND HOUR OF DEATH 9/8/66 7:30 A				
3. P	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	. If institution: residence before admission			
1	FULL NAME O	oddress or locotio		C. CITY OR TOWN (If outside city limits, v	write RURAL and give township			
'	NSTITUTION	Union me	morial Hospital	Boltimore D. STREET ADDRESS (If rural, give location)				
4	4			1624 Lansing Avenue LASSIN				
5. S	M	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 7/	If Under 1 Yr. If Under 24 Months Doys Hours Min			
don	e during most of	working life, even if retired)		11. BIRTHPLACE (State or foreign country) German	12. CITIZEN OF WHAT COUNTRY?			
	FATHER'S NAM		eman Retired	14. MOTHER'S MAIDEN NAME				
	Otto	Burkhardt		Unknown				
15. Yes	s, no or unknown	Ever in U. S. Armed Fo. (If yes, give war or date	s of service) SECURITY NO.		Spring Lane			
_	NO		216 03 6482	Mrs Gertrude Beaude	INTERVAL BETWEEN			
	26	SE OR CONDITION DI		OF DEATH	ONSET AND DEATH			
		LEADING TO DEATH		+ 7 20 9 / 7 Con 12	brown			
		al mean the mode of asthenio, etc. It means	dying, e.g., DUE TO / /	typoglycemii				
	' '	aplication which coused	deoth.)	Perhates milliture	years			
	DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.	ony, giving					
ATION	TO THE D	II FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING	ATED TO THE	Final flu	10 hr			
ERTIFIC	19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?			
O 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 4 DEATH (notify medical examiner)								
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 21 Work 2								
	22. I certify that (I) (this hospital) attended the deceased fram 72000 3/49 to 9/8/66 19							
	that (I) (we)	last saw the deceas	ed alive an	19 66 and that in (my) (aur) apinian death accurred an the			
			ted abave. (I) (We) (did) (did nat)	view the bady after death.	DOD DATE COMED			
1	23A. SIGNATU	me of	M.D. At	dending Med. Stoff Phys.	238, DATE SIGNED 9/8/66			
	23C. PHYSICIA NAME (T	MS (ype) MARION	FRIEDMAN M.D.	23D. ADDRESS	Road Boltomodil			
244	A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY or CI		(City, town, or county) (State			
	Buria		66 Holy Redemmer	Raltimore	Marvland			
254	A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR				
	9	REP 9 1066	DO BE & STA DOWNER	HENRY SANDER & SO	NS TNC			

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0	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	2	al (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.
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rificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	dy was released	: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	.O.A. at a hospita	sed prior to death	n approval must
404	-			1A	-

BALTIMORE CITY HEALTH DEPARTMENT 66 09110 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAMIE 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) B. COUNTY (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Mercy Hospital 305 Birkwood Pl. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy) Female 6-11-87 Caucasian Widowed 16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2, CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Balto. Md. U.S.A Housewife 13. FATHER'S NAME Cornelius W. Thomas Mary Farrell 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Ruth Kern Frazier, 305 Birkwood Pl. 215-01-4413 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Ripture of Myocardium LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving 10 Arterios clevatic Cardiovascular rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 405 NONE 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Bolfimore City, give exact location) home, farm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examines) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work AT Work 22. I certify that 46) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an. and that in(my) (aur) apinion death occurred an the date ond haur ond fram the couses stated abave. (1) (We) (did) (did not) view the bady after death. 23A SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) shows: was D. deceas New Cathedral 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. VS 150-REV. 1/1/65

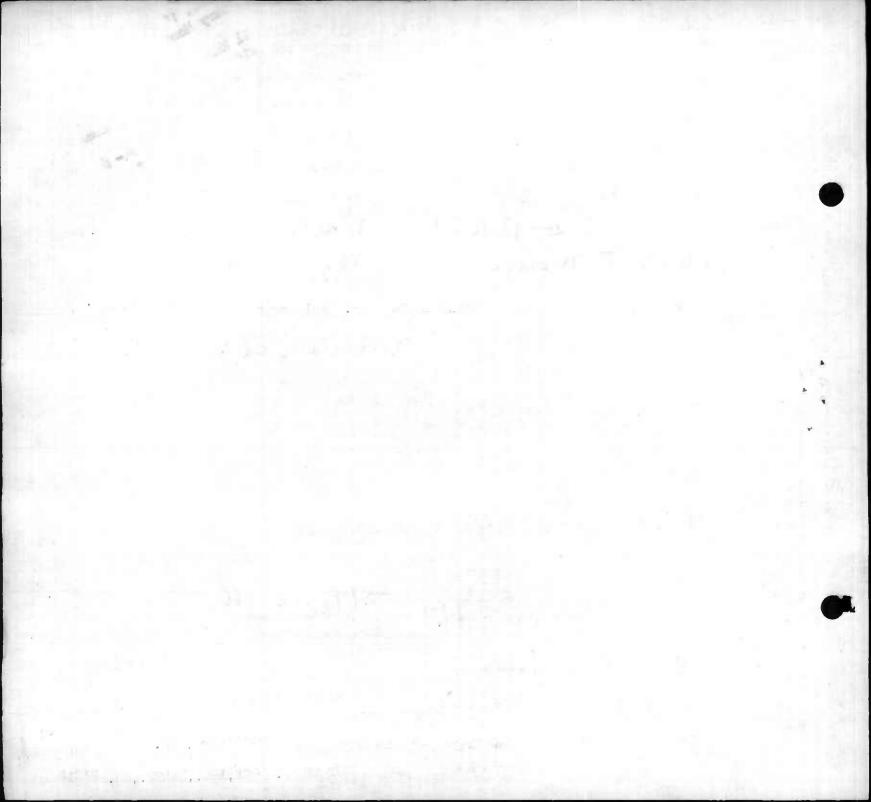
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BALTIMOR	E CITY	HEALTH	DEPARTMENT
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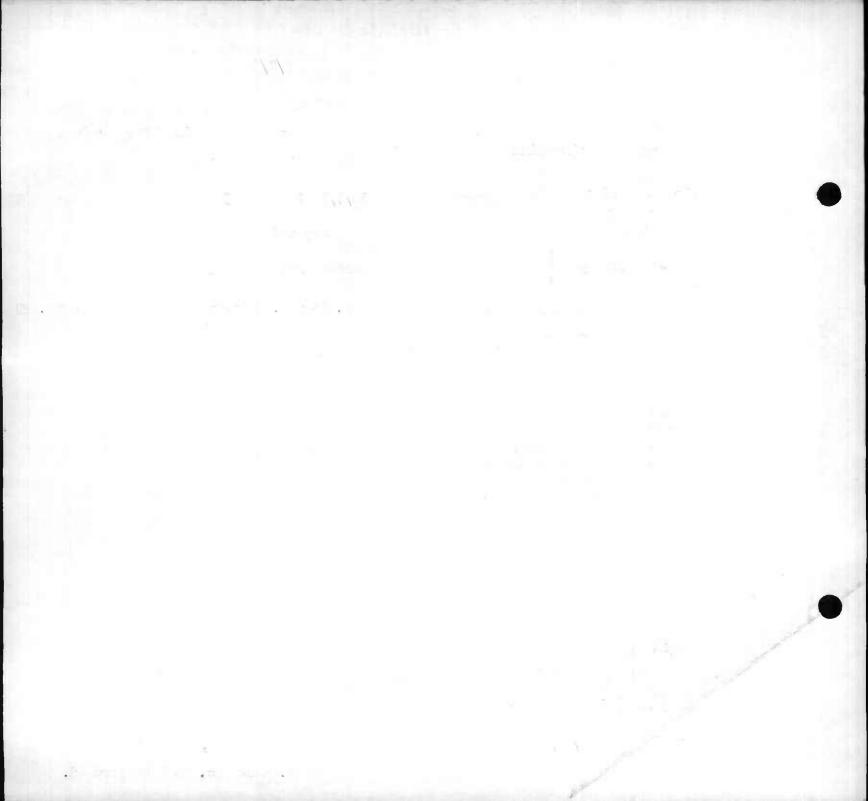
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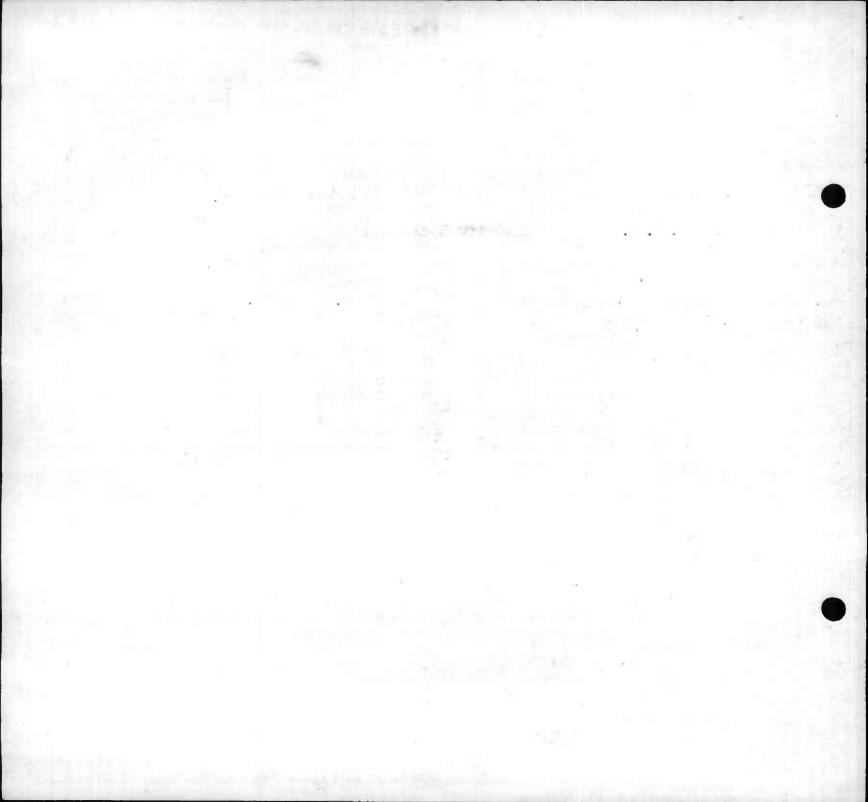
	1 NO. 6	6 09111		CERTIFICA	TE OF DEATH	Registered No.	00 03111
1. NA	CASE NO.	ED _	Tim	2000	2. DATE AN	D HOUR OF DEATH)	(1)
2 01		IN BALTIMORE, MAI		cran	II4 IISHAL RESIDENCE (When	4 4 4	itution; residence before admission)
3. PI	ACE OF DEATH	IN BALTIMORE, MAI	KILAND		A. STATE B. COUN	TY	Monority residence before donn's stony
	JLL NAME OF	(If not in hospital		give street	15 md.	1sacto	<u></u>
IN	OSPITAL OR ISTITUTION	oddress or location			C. CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township)
0	AD C	ENERAL	1-609	SPITAL	D. STREET ADDRESS (IF r	urol, give location)	
0 1	NV. G		•		CACA COT	a aue	27-05
5. SE	X 6.1	RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	m	W		D, DIVORCED (specify)	6/11/01/	ost birthdoyl	Months Doys Hours Min.
tóà.			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
		ing lite, even il retired)	-100	01	Rack >		WHAT COUNTRY?
10.0			100	acon	1 JECO O /	15	W. Dr.
13. F	ATHERS NAME	7 7			14. MOTHER'S MAIDEN NAM	O :	
	wm	J. My	ran		agner	Codon	
5. V Yes,	no or unknown) (If	yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			217-26-4984	Mr. Paul Moran		Same
	1B. 101	0 1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	RECTLY	\	1 1-1		
-		ADING TO DEATH		(A) YW	Castalle C	& bleadd	byeauc.
	heart failure, ast	mean the mode of henia, etc. It means totion which caused	the disease,	DUE TO			8
	AN	ECEDENT CAUSES		(B)	00000000000000000000000000000000000000	, 1, 1, 10 10 10 10 10 10 10 10 10 10 10 10 10	
	DISEASES OR	CONDITIONS, if	any, giving	DOETO			
	rise to the	above cause (A)		(C)	wa a a a a a a a a a a a a a a a a a a		
	UNDERLYING C	ONDITION losi.					
z	OTHER MONIELS	II ANT CONDITIONS C	ONTRIBUTION	c			
ATIO	TO THE DEAT	TH BUT NOT RELA	TED TO TH	E			
CA		PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED
CERTIFIC	0	WAS PER	FORMED			IN CERTIFYING CAU	SES OF DEATH?
CE	21A. ACCIDENT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	IIf in Boltimore	City, give exact location)
⋖	OR CONTRIBUTION DEATH (notify me	dicol exominer	hom etc.		ffice bldg., INJURY OCCUR?		
DIC	21 D. TIME (N	Nonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3	OF INJURY (APPROX.)			ile At 🖂 Not Whi			
]	(APPROX)		Wo	rk	010	10 C	1-10
	22. I certify the	at (1) (this hospital) attended t	he deceased fram		9 66 to	19.06
	that (I) (we) la	st saw the decease	d alive on		19 66 and the	at in(my) (aur) apin	ian death accurred an the dot
	and haur and fr	om the couses stat	red abave. (i	l) (We) (did) (did not) v	view the bady after death.		
	3A. SIGNATURE	10.	,1 -				23B. DATE SIGNED
	Dami	il Clill	pees	M.D. Att	ending Med. Director	Stoff Phys.	917111
	23C. PHYSICIAN'S		1		23D. ADDRESS		111100
	NAME (Type	101 C.11	11/20	M.D.	451 45	self or	ane
24A	BURIAL CREMA	TION, 24B. DATE	24C.N.	AME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City	r, town, or county) IState)
	BURIAL DATE REC'D BY	9/10/66	New 125B NAME (Cathedral Cer	netery B:	altimore, Md	ADDRESS
-34				A 75 B			
VE 3	50-REV. 1/1/65	לספן ע ש	R. P. B	C. CONKENES	LEUNARD J. RI	UCK INC BAL	TO.,MD. 21214
4.2 I	30 - RE V. 1/1/03				A B		



				BALTIMORE CITY	HEALTH DEPARTMEN	IT	00 10440
-	H NO.	66 0911	2	CERTIFICA	TE OF DEAT	H Registered Na.	66_09112
1. N	AME OF DEC	EASED			2. DAT	E AND HOUR OF DEATH	
	e or Print)	ADEDETA III	T TTREA BT		0/	7/66	i P
3. P	LACE OF DE	AMETITA HO	TTMAN		4. USUAL RESIDENCE		institution: residence before admission)
H	ULL NAME C IDSPITAL DR NSTITUTION	F (If not in hospital oddress or location	ar i nstitutian, gr	ve street	Maryland		RURAL and give lawnship)
					Baltimore D. STREET ADDRESS	(East Twin	River Beach) 53
90	Got	uld Convalesa	rium			River Beach	
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Fe:	male	White	Wido		10/7/1882	83	Willing Day's Fronts Willing
		UPATION (Give kind of work working life, even if retired)				r foreign country)	12. CITIZEN OF WHAT COUNTRY?
0011	Housew				Maryland	d	USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN		0 4
	Angust	us Miller			Bertha Ryan		-4
15. 1	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes		(If yes, give war ar date	s of service)	SECURITY NO.			
_	NO 18. // /			CAUSE O		. Holtman RFD	14 Box 56 Balto 20
	7 ~	01.0		CAUSE O	P DEATH	1 11 ~	ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	4-	Vanna la la	EHe th	
		not mean the mode of		DUE TO	07-V 20-00 V	120 00	
		osthenio, etc. It means					
		ANTECEDENT CAUSES		(B)		**************************************	
	DISEASES (OR CONDITIONS, if	anv. aivina	DUE TD			
	rise to th	e above cause (A)		(C)		= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYIN	G CONDITION last.					
z	DIHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING				
ATION	TO THE D	EATH BUT NOT RELA	TED TO THE				
ICA	19A. DATE OF	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
CE	21A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	ID (II in Boltimo	re City, give exact location)
AL		medical exominer	etc.)	, larm, laciary, street, at	ince biag., INJOKI OCCO	K:	
EDIC	21 D. TIME	(Manth) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DIE	DINJURY OCCUR?	
M	OF INJURY		Whil	e At Not Whil			
			Work			// 6	2+ 11.
	22. I certify	that (1) (this haspita) attended th	e deceased fram	mores	19 6 6 to	1966.
		last saw the decease		sept			irion death accurred an the date
		d fram the causes sta	red abave. (I)	(We) (did) (Hid not) v	iew the bady after de	ath.	
	23A. SONA	JRE J	1				23 B. DATI SIGNED
	1	Ma	en.	M.D. Atte	s. Med. Director	Stoff Phys.	9/9/66
	23C. PHYSICIA	AN'S	- 1		23D. ADDRESS	+	A P la
	R	OBERTU	5. 44	DEN. M.D.	6402 GU	LDENKIN	16 RD. DALTTON
24A	BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24	D. LOCATION	City, town, or county) (State)
	REMOVAL		66 11.9	D. d		211	
25A	Burial DATE REC'D	BY HEALTH DEPT.	25B. NAME O	y Redeemer Ce	metery 25C. FUNERAL DIRE	Baltimore, Mary	rland ADDRESS
1		SEP 9 1966	12 0 Br	E dalley MA			05 Harford Rd.
VS	150-REV. 1/1/				i fraction a	THUCK THE . 33	J Hai Turu im.



8	bit		000140	BALTIMORE CITY	HEALTH DEPARTMENT		00 00449
17	75705		1 NO. 66 U9113	CERTIFICA	TE OF DEATH	Registered No	66 09113
30	the state of the s	1. N	CASE NO.	4 (D HOUR OF DEATH	
N	- 1 6 6 C.	(Ту	Kobinson, Ho	rvey Ad	rian .	I Sept.	1964 8:30 PM
1	To Do oth	3.	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)
H	de S. S. S. de		ULL NAME OF (If not in hospital or institution, give	street	Maryland	d Baltimore	9
4	and de		OSPITAL OR oddress or location) ISTITUTION		4	side city limits, write F	(URAL ond give township)
70	T T S S S S S S S S S S S S S S S S S S	妻:	\forall		D. STREET ADDRESS OF	rurol, give location)	5500
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_	ad a a a a a a a a a a a a a a a a a a	5. 9	EV 16 BACE 17 AAABBIED NE	VED AAA DDIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr II Under 24 Hrs.
	occountrib regulassed	1	lale Cau. Woowell	OVORCED (speedly)	26 Nov. 1916	10st birthdof)	Months Doys Hours Min.
	00-0-		USUAL OCCUPATION (Give kind of work 108 HID OF BL	SINESS OR INDUSTRY	11. BIRTHPLA CE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
2	or condetended in decomposition			ty of Marylar	d Mass.		WHAT COUNTRY?
1	77 7 7 8 10	13.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
J	(4) I we		Adrian Kobinson		Alma /s.	nneson	
	ind;	15. (Ye	Vas Deceased Everin U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
2	Ssista the the dea nnce final		Yes World War II	-10	Mrs. Carolyn E	 Robinson 	same address
1	or danger		18. 4 30.01	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
>	MP Iso, of a ounc tten		DISEASE OR CONDITION DIRECTLY	2 /3/ 1.	nation Tours	Vania no.	The second secon
3	Tage Ac		(This does not mean the made of dying, e.g.)	OUE TO	ortic usugg	iciency	p. g.g.g.g. a ca aparqu a a mma a g.q.q. mm a a mmamma mmamma mmaminininininininininininininininininin
57	Aro cto.		neuri idilure, asinenta, etc. il means me disease	~ 1 1 1 2	7 C		
	O ring of the control		ANTECEDENT CAUSES ~	S DUE TO	00		
1	O BEANS		DISEASES OR CONDITIONS, if any, giving	~ T			
	RE (3)		rise to the above cause (A) stating the UNDERLYING CONDITION last.	= 36	00000000000000000000000000000000000000	000 000 000 000 a 000 000 000 a free free 600 a	
	D icio		II V	= 3			
	medice sedice se	O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
3	E - F > G 0	CATIO	DISEASE OR CONDITION CAUSING IT.		120 A ALIEO BEYZ /V No	1 20P AF VEC MERE	CANDINGS CONSIDERS
0	Na hie	RTIFIC	2 Sept. 1966 WAS PETFORMED	3 / / 4.	HESES YES	IN CERTIFYING CAL	USES OF DEATH?
N	the class by (2) B	CE			or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
14	rthe tal b; (2) here No plefo	CAL	OR CONTRIBUTING CAUSE OF home, etc.)	torm, loctory, street, of	nce bidg., INJURY OCCUR!		
		0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	hosp natur ept v d (6)	ME	(APPROX.) While Work	At Not While			
	5 4 7 X E td		22. I certify that (I) (this haspital) attended the	deceased from 2	o Sunz	966 10 1	SEPT 1966
	app to t of ar of ar (e)		that (1) (we) lost sow the deceased alive on	SEPT 1966	19ond the	at in(my) (our) api	nian death occurred on the date
	sed to sed to that of spital eath)		ond hour ond from the couses stoted obave. (1) (We) (dld) (did not) v			
	nust be cleased trident of hospital o death)		23A-STGN NURE	C110			23B. DATE SIGNED
			Keyin Promtor	Atte	ending Med. Director	Stoff Phys.	7 SEPt. 1966
	s respondence		NAME (Type) De Vin S. Santos		23D. ADDRESS	, N	
	rificate y was r 1) An a b.A. at d d prior			M.D.	Univ. of Md	· MOSP.	
	FB 000 E	24/	REMOVAL (Specily)	E of CEMETERY or CRE			ty, town, or county) (State)
	ws: (bod ws: D.C		, ,	enmount Crem		ltimore, Ma	ryland
	This cert the body shows: (was D.O decease	254	DATE REC'D BY HEALTH DEPT. 258, NAME OF	a dia	25C. FUNERAL DIRECTOR		Balle mul-
	<	VS.	50-REV. 1/1/65	State to	Inm filution	an Llong	northy & Kin
		4.9	JV-RE 71 (7 17 0J				



contributing (4) Undetermined IMPORTANI dny of DIRECTOR: the chief medical FUNERAL O to the hospital any nature; approved by

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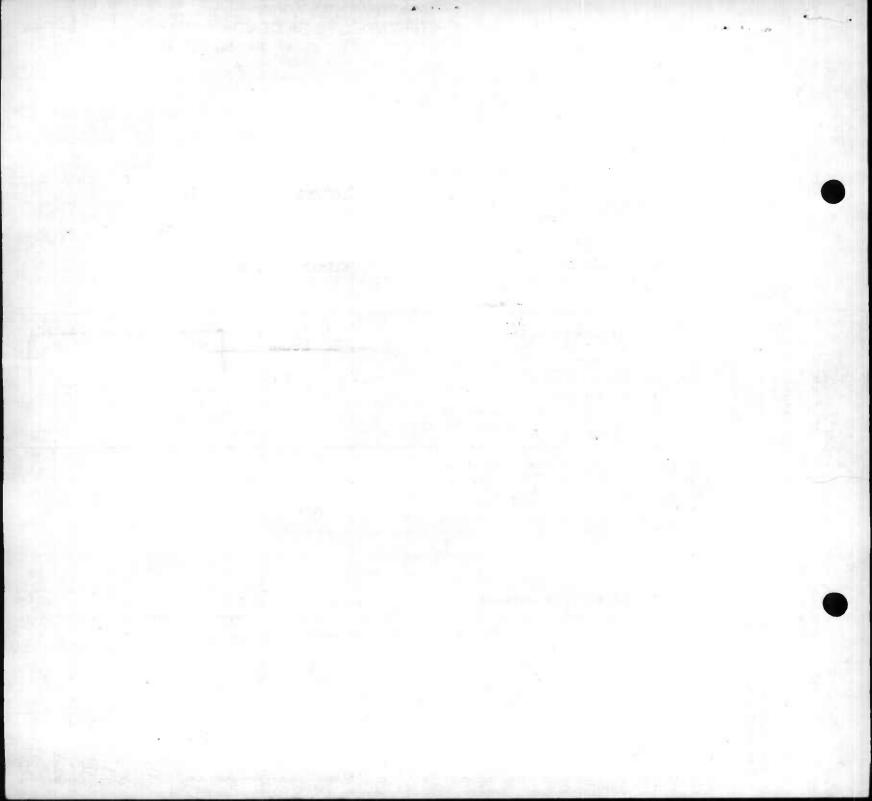
and of death

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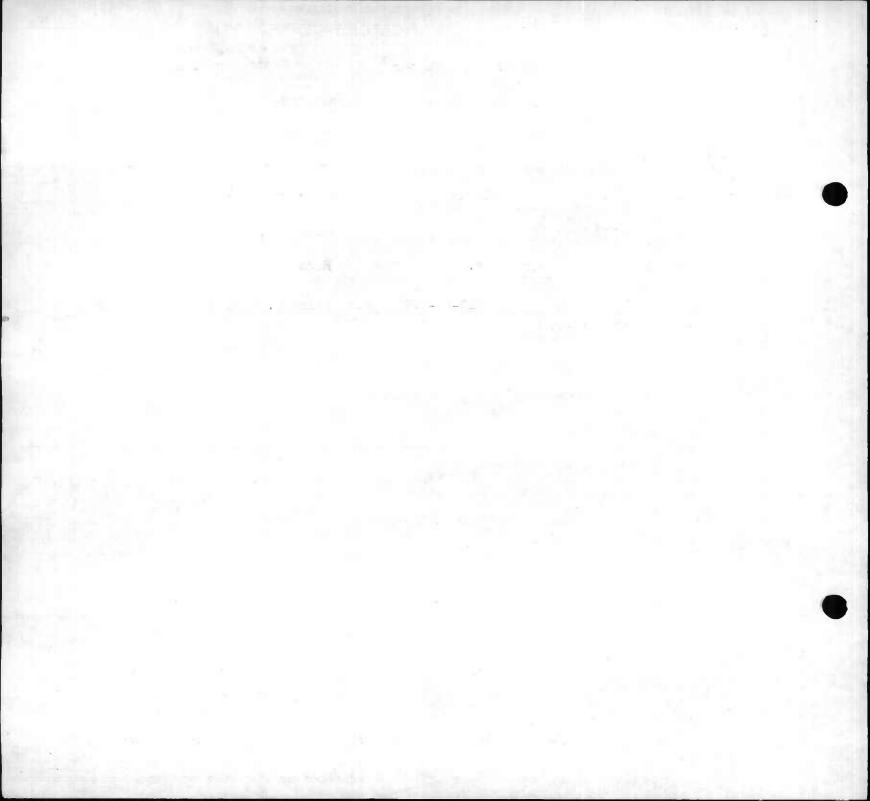
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cause cause; (5)

BALTIMORE CITY HEALTH DEPARTMENT 66 09114 Registered No. 66 0911A BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where degeosed lived. If institution: residence before admission A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) OR TOWN (If outside city limits, write RURAL 0 D. STREET ADDRESS (If rurol, give location) 0 mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours Months: Doys WIDOWED, DIVORCED (specify) lost birthdoy 19/1902 64 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Sipple Elizabeth Baer 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the diseose, injury ar camplication which coused deoth,) M.D. ANTECEDENT CAUSES DUE TO . MEDICAL EXAMINER DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20 A. AUTOPSX? (Yes or No) 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (we) last saw the deceased alive an and that irr(my) (aur) apinion death accurred an the date and haur and from the causes stated above. (We) (did) (did as) view the body after death. 23A. SLONDATURE 23 B. DATE SIGNED Attending Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 0 α 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily) 9/8/66 Meversdale. Union Cemetery Removal 25C. FUNERAL DIRECTOR

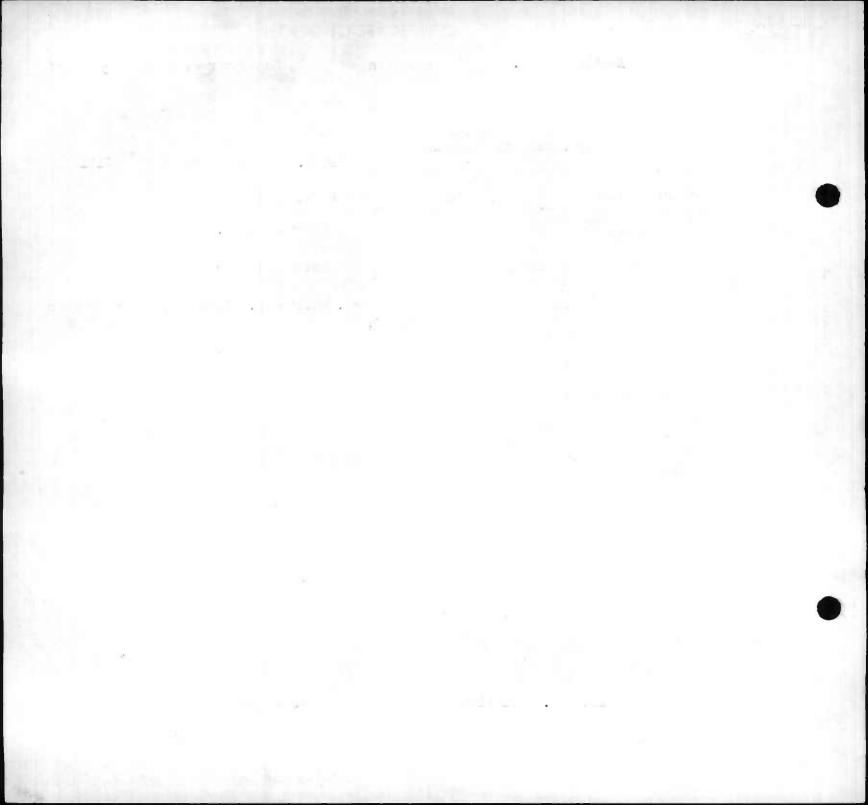


M.E. CASE NO.	EASED			2. DATE ANI	D HOUR OF DEAT	H
Type or Print)	Rose	Freida	a Wagner	Sent	ember 7, 1	966
PLACE OF DEA	ATH IN BALTIMORE, MA		a wagner	4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before admis
				A. STATE B. COUNT	ΓY	
FULL NAME OF)F (If not in hospital oddress or location		, give street	Maryland		
INSTITUTION				C. CITY OR TOWN (If outs	side city limits,	RURAL and give township)
	Mercy Hospi	tal		Baltimore		1-0
-					urol, give location	
1				4414 Marble	Hall Road	18
SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)		. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Female	White		Single	April 25, 1890	ost birthdoy)	74.01.11.5
OA, USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF
	working life, even if retired)					WHAT COUNTRY?
	worked			Baltimore,		
3. FATHER'S NA	WE			14. MOTHER'S MAIDEN NAM	N.E.	
Freder	rick Wag	ner	Sr.	Rosa M	leyer	
5. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		es of service)		100		
No	None		213-48-0294	Miss Reina G. V	vagner sa	
182/22.	1 4 1200.	0	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY				
						771 - 1
heart foilure, injury ar can	LEADING TO DEATH nal mean line made of osthenia, etc. It means nplication which caused ANTECEDENT CAUSES DR CONDITIONS. if	the disease death.)	(B)	BCVD.		
heart foilure, injury ar can DISEASES (rise to the	nal mean lhe made af oslhenia, elc. Il means nplicatian which caused	the disease death.) any, giving	(B) DUE TO		**************************************	
heart foilure, injury ar can DISEASES (nal mean the made of osthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A)	the disease death.) any, giving	(B) DUE TO	BCVD.	**************************************	
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of dearn	hows: (1) An accident ot any nature; (2) Body burns; (3) A tracture ot any kind; (4) Undetermined cause; (2) Decedsed	ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	vritten approval must
<u> </u>	Ξ.	5.7	-	-	>

	00 3014	7	BALTIMORE CITY	HEALTH	DEPARTMENT		00 00140
BIRTH NO.	66 09116)	CERTIFICA	TE O	F DEATH	Registered No	66 09116
M.E. CASE NO.					2. DATE	AND HOUR OF DEATH	1
(Type or Print)	Loutie	M.	Robertso		Sej	otember 8, 19	66 5 H A
	DEATH IN BALTIMORE, MA			A. STATE		nere deceosed lived. If ins INTY	ditution: residence before admission
HOSPITAL O	R oddress or locotion		give street			outside city limits, write R	JRAL old give township)
1113111011011	210 East Bel				altimore	4	
00	Baltimore, Ma	aryland	21212			of rurol, give locotion) vedere Avenue	21.21.2
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE C		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Female	White	WIDOWE	D, DIVORCED (specify) arried		h 21, 188	9 77	Months Doys Hours Min.
done during most	CUPAΠON (Give kind of work of working life, even if retired)	k 108. KIND 0	F BUSINESS OR INDUSTRY	11, BIRTH	Baltimor		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		.1		14. MOTE	ER'S MAIDEN N	*	
Will	liam Me:	issel			Laura	Moore	
5. Was Deceas	sed Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
No	None	0. 00.000	SECORITI NO.	Mrs.	William	H. Richardson	same address
1B. 3 0	27. 21		CAUSE	DEATH	(i) n	Oen	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY		Dito	1 11 Van	more Ell	unoi)
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	re, osthenio, etc. II meons complication which caused		•				
	ANTECEDENT CAUSES	;	(B)				
	OR CONDITIONS, if						.,
	the above cause (A) NG CONDITION last.	stoting the	(C)				
	11				-		
E TO THE	SNIFICANT CONDITIONS CODEATH BUT NOT RELATED CONDITION CAUSING	ATED TO TH	G HE		•		
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. A	UTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tity medical examiner)	211 hos etc	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout ffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 211	. INJURY OCCURRED		21F. HOW DID II	NJURY OCCUR?	A
OF INJURY			hile At Not While ork Not Work	le	rado	(
22, 1 certi	ify that (I) (this hospita	I) attended		0	1.747)-ys/ 1966
	last saw the decease		01.001	19.	66 and	that in (my) (our) opin	nian deoth occurred on the do
and Hours	and from the couser sta	ted above.	(I) (Ne) (did) (did not) v	view the l	oody after deoth	1.	
23A. 916HA	TURE	\$ 0	// //				23 B. STATE SIGNED
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23 C. PHYSIC	(Type)	1 7		23D. ADDI			
	William C.	H elfr	rich M.D.	500	6 Roland	Ave	
REMOVA			AME of CEMETERY OF CR	1			y, town, or county) (Stote)
Buri			Greenmount Ce			Baltimore, M	
ZOA. DATE REC	SEP 9 1966	0 0 0	of REGISTRAR	250.1	NERAL DIRECT	1. Some	Batto, not.
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66 09117

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

66 09117

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

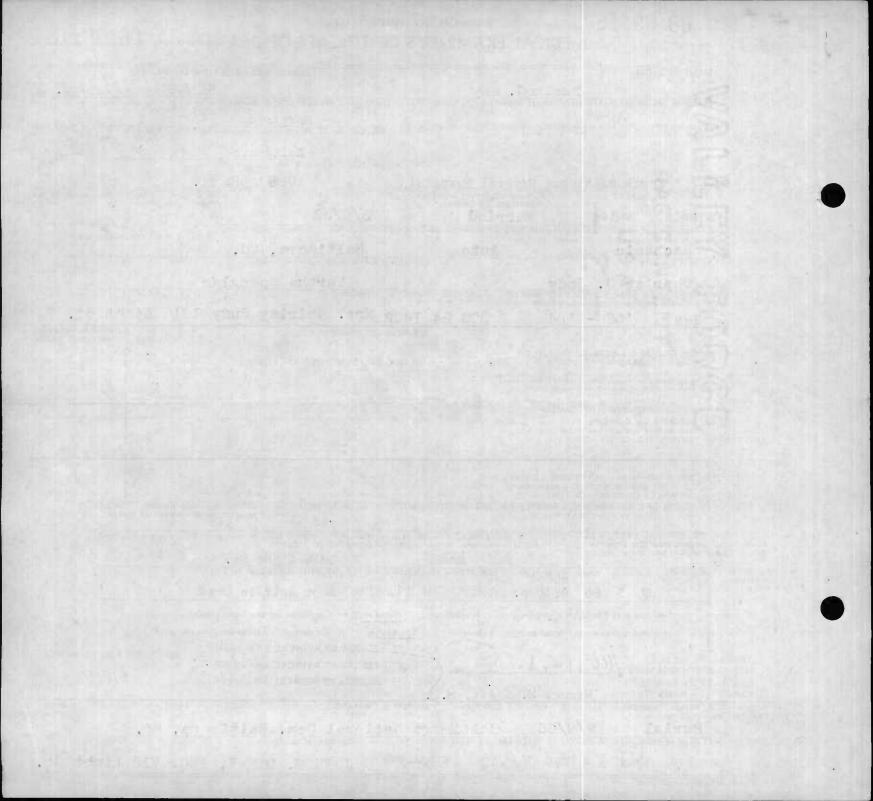
MEDICAL EXAMINATION CO	ATTICATE OF DEATH
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) JAMES LEWIS BARBEE	September 4, 1966 9:35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits with RURAL and the township)
	Baltimore
500 ft. Span Hanover Street side.	D. STREET ADDRESS (14 myol, 24 strong) Arolly 15 1,
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male Negro DIVOVCE	8-1-2640-27
	11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF
done diving most of working life, even if retired) Ship March	DUHAM NEWHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UHKHOWH	UHKHOWH ,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT
YES WW#2	Fred K ISArbEE N.C.
18. E 9 2 2 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	rowning
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Boltimore City, give exact location)
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.) Water	nce bidg, INJURY OCCUR?
21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	Found in water presumably drowned
22.	apsy X and that an this basis, death In my apinlan
resulted fram: Natural causes Accident X Suicide	Hamicide Undetermined manner
000-	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles J. Ja gate M.D.	ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER September 6, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, lown, or county) (State)
BUTIEL 1/12/66 BAI	TO, HOTO STOIFFED K AVIE
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 9 1966 P.D. A. E. Farlum	EllIOTI FUNERUL HOME
VS 151-REV. 1/1/65	

Report Mileting the Market States Milet Transfer THE DEVINE STREET

	66 0	9118		BALTIMORE CITY HEAL						
BIRT	TH NO.	MEDI	CAL EX	KAMINER'S CE	RTIFIC	CATE OF	DEATH Register	ed No.	5.09	118
M.	E. CASE NO.									
1. I	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD		
			es G. Ju		9/5/66 7:57 p. M.					
3. F	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If insti B. COU	tution: resid	lence befor	re odmissian)
FUI	L NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	UTION, GIVE STREET	C CITY O	Marylan	1d le corporate limits, write	DIIDAL	3 1	
INS	SPITAL OR	ADDRESS OR LOCA	TION)		c. citt o			KUKAL OII	o give tav	vii snipi
					D CYBEET	Baltin ADDRESS (If rural,			400	Congress of the Congress of th
21		h D-1+2	0	1 77	D, SIREEI					
5. S		uth Baltimore		NEVER MARRIED	B. DATE OF		9. AGE (In years	Tif Under	1 Yr. If U	Inder 24 Hrs.
			WIDO WED,	DIVORCED (specify)			lost birthday)	Manths	Doys Ho	ours Min.
104	male	white	Marr	LECL F BUSINESS OR INDUSTRY	3/9/		34	12. CITIZE	N OF	
	e during most of v	vorking life, even if retired)							COUNT	RY?
13.	Mechs		A	uto	14. MOTHE	timore,	MQ.			
15.	WAS DECEASE	es G. Judy	FORCES?	16. SO CIAL	17. INFORM	artha Sp	onglar	ADDRESS		
(Yes		(If yes, give war ar date	s of service)	SECURITY NO.	Mana	Shinler	Judy 1018	T 4 ml	h+ 04	
	Yes	152 - 154		220 24 1402			Judy 1016	, mrg		
	1B.	76,X1		CAUSE	OF DEATH	1				ND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Gun	shot w	ound of he	hea			
	(This does r	ot mean the made of	dying, e.g.,	(A)	BIIOC W	Odila OI IIe	au		•••••	
	injury ar car	asthenia, etc. It meons application which caused	death.)					- 1		
	A	NTECENDENT CAUSE	S							
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)						
	UNDERLYIN	E ABOVE CAUSE (A) ST IG CONDITION LAST.	ATING THE					143		
NO				(C)		•••••	•••••			
CERTIFICATION	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTE	NG						
은	TO THE	DEATH BUT NOT REL	ATED TO 1							
RT		OPERATION 198. CON		WHICH OPERATION	20A. AU	TOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CO	ONSIDERE	D
Ö	2	WAS PERI	FORMED		400	yes	IN CERTIFYING CAUS	ES OF DE	ATH?	
	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 2	TIC. WHERE DID	(If in Boltimore City, give	re exoct la	cotion)	
MEDIC	UTING CAU		etc.)	home		1014 Light	· C+			
Σ	21D TIME	(Month) (Doy) (Year	ut (Haur)	TE. INJURY OCCURRED	2	1F. HOW DID INJ				
	OF INJURY (APPROX.)			WHILE AT NOT	WHILE X	shot self	in hoad			
	22.			WORK L AT W	ORK &	snor sell	In nead			
	l cert	ify that I held on I	nquiry	Inspection Aut	opsy X	ond that on th	is bosis, deoth in m	y opinion		
	resul	ted from: Notural cou	ses	Accident Suicide	X H	omicide	Undetermined monne	er 🗌		
	ACTUAL	11111	, (5) (-		EF MEDICAL EX			DATE	SIGNED
	SIGNAT		ho	M.D.	ASSISTAN	NT MEDICAL EX	KAMINER X			
	EXAMIN				ASSOCIA	TE MEDICAL E	XAMINER	9	/6/66)
234	NAME (C. NAME OF CEMETERY O	CDEAAATO	DA 53D 1	OCATION (City.	town, or c	qunty)	(State)
	MOVAL (Specify)							July/	1910167
	Burial						altimore,		D.D.D.C.	
124A	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. F	UNERAL DIRECTOR		A	DDRESS	

VS 151-REV. 1/1/65

JOHN F. DENNY, INC. 715 Light St.



	BALTIMORE CITY HEALTH DEPARTME	NT
- 1	BERTH NO. M.E. CASE NO. GG 09119 CERTIFICATE OF DEA	TH Registered No. 66 19119
	1. NAME OF DECEASED	3 40 pm / 5-SONT 196 B M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE	E (Where deceased lived. If institution: residence before admission)
	FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddyese or location) C. CITY OR TOWN	(If outside city limits, white RURAL and give township)
	MINITAL 1 (CO	(If rural, give location)
	38 UNICISITY of MAYLAND D. STREET ADDRESS	AIVIAND CHAMES CO.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9/20/8	9. AGE (In years lost birthday) 79 If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stote done during most of working life, given if retired)	or fareign country) 12. CITIZEN OF WHAT COUNTRY?
		h ,New Jersey U.S.A.
.	William F. Loveland	FLMAH SCYWOLTZ
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, as a runknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
	No 579-26-3326 Mr. Sidn	ay H. Diman-Cobb Island, Md.
	18. 44 6 X 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.	•
	injury or camplication which caused death.	ULAR THENYCANIA - 2 day
	DUE TO	1
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	of Centricie By
	7 II Operation! PACEM	AMON PAREMATICA MAIC - 4 WAS
		IMPLANED
	19A. DATE OF OPTRATION 17B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Ye.	s of No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUTY (e.g., in or obout 21C, WHERE	760
	OR CONTRIBUTING TO CAUSE OF DEATH (notify medical examiner) home, form, foctory, Vstreet, office bldg., INJURY OCC etc.)	Univ. of Md. 4-02
	W OF INITIBY	D INJURY OCCUR?
	(APPROX.) 9 5 66 7 While At Work At Work	oration by carrier
	22. I certify that (I) (this haspital) attended the deceased fram.	60 ta 19
	that (I) (we) last saw the deceased alive an S Jehr 1966	and that in(my) (aur) apinian death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after a	leath.
	23A. SIGNATURES M.D. Attending Med. Phys. Director	Stoff C Call 16
	23C. PHYSICIAN'S NAME (Type) P. 71 (Fig. 23D. ADDRESS	DNIVERSITY HOSPITAL
	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)
	CRIMATION 9/8/1966 Cedar Hill Crematory	Suitland , Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DI	and the second s
	SEP 12 1966 A Co of E Scaleuma Arenart	funeral Home, IncLa Plata, Md

3 40 160-1 1 100 10 11 1 Color to DIMA CMV TANKS KIMBL & CORE BERND MARYLAND CHANGO CO. DRINGELLY OF MILEYER IN D aux moure No active BELMAH SUMBER 75.11.0 VEDVIRECULAR. TRIMONOM ... Pederated Or Venture - RY THE PERSONALE ME C. The Deputing Menustate MINEL REELD Ventralaylashler Yes 7495 200 4 97 Hot 3 DRIVERDY HOSTORY

1		Y HEALTH DEPARTMENT 66 09120
- 11	IRTH NO. 66 09120 CERTIFICA	ATE OF DEATH Registered No.
	NAME OF DECEASED Type or Print) BEXTAUCL BOLLERY	an September 7,1966/13 PM.
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	Mary land. — Balto C. CITY OR TOWN (It outside city limits, write RURAL and give township)
	2 Sirrai Acepital of Baltimore	D. STREET ADDRESS (If rurol, give Jocotion)
	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr, If Under 24 His.
	Mole. White. Movered (specify)	6/26/12 . lost birthdoy Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired) SHOF STORE	WHAT COUNTRY?
-	Store owner management	14. MOTHER'S MAIDEN NAME MARY LAND USA.
	MMMMMMMMMMM NATHAN BETTELMAN	MMMMMMMMMMMM ROSE BROZER
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give, wor or dates of service) VES **ANNAMMAN** **MANNAMMAN** **TES** **TES**	MRS. BELLE BETTELMAN, 3306 MARNAT ROAD #8
	18. 420 1 1 260 X CAUSE (DF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rdractorest 10 ms.
	(This does not mean the made al dying, e.g., heart lailure, asthenio, etc. It means the disease,	LANGUE (TVVEN)
	ANTECEDENT CAUSES (B)	norandosel Infanction 10 kgs
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C) Av.	Leviosclevotic Landovercellor &
	II Pur / /	11.000 · 9000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	scalos Accident 14 dess.
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21 A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Ballimore City, give exact location) office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not Wh	21F. HOW DID INJURY OCCUR?
	(APPROX.)	
	22. I certify that (I) (this hospital) attended the deceased from S	2/22 1966 to 9/7 1966.
	that (I)(we) lost sow the deceased alive on	19 ond that in(my) opinion death occurred on the date
	ond hour ond from the couses stoted obove. (I) (We) (did) (did not)	view the body ofter deoth. 238. DATE SIGNED
	M.D. At	tending Med. Stoff to
	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
	Fangaria Managel Service M.D.	Store the social of Rolling
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME O CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (Stote)
	BURIAL 9/8/66 SHAAREI TFILOH	
	CFD 10 1000 0	25C. FUNERAL DIRECTOR ADDRESS
IĘ	SEP 12 1966 (20. 6) 2 Follows s 150-REV. 1/1/65	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN

LEY Co. N. C.

STANK TO STANK THE STANK T

WY! KELLER CO. KELLOWK INDER GEARS HER COVERS

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 66 0912	CERTIFICA	TE OF DEATH Registered	No. 66 09121
T. NAME OF DECEASED TAMPES (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MAI	M, SARA	2. DATE AND HOUR OF DEA 9-8-66	65 AMM.
		A. STATE B. COUNTY	if institution; residence before damission)
HOSPITAL OR oddress or location	or institution, give street	BAITIMORE	vite-RURAL and give township)
PALL MALL NURSING H	/	3733 BEEHLER AVENUE	
5. SEX 6. RACE FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 9/12/04 61	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESWOMEN 13. FATHER'S NAME MICHAEL LEVITT	DEPT. STORE	BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME IDA ?	usn
15. Was Deceased Ever in U. S. Armed Fara (Yes, no or unknown) (If yes, give wor or date		17. INFORMANT	ADDRESS
18. DISEASE OR CONDITION DIR	220-12-4807 CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of heart foilure, osthenio, etc. It meons injury or complication which caused	dying, e.g., DUE TO	Mitables to le	in 2 yas,
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if or ise to the obove couse (A) UNDERLYING CONDITION lost.		Tr	

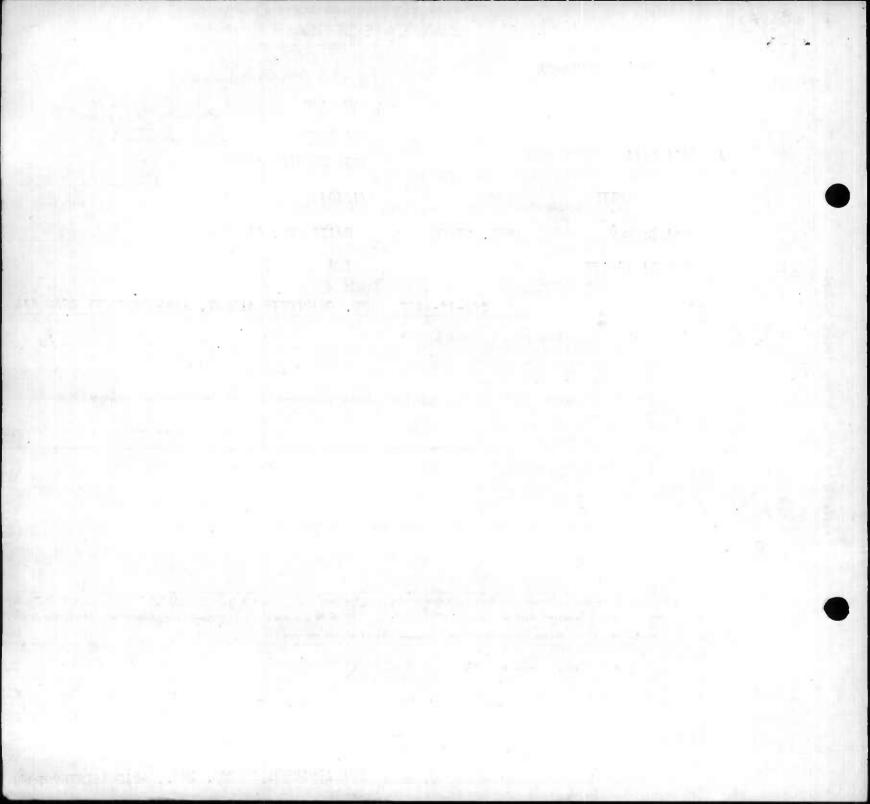
CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work 19.66 22. I certify that (I) (this hospital) attended the deceased fram. 66 19 that (1) (we) last saw the deceased alive and that in (my) (out) opinion death occurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did-net) view the bady after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Phys. M.D. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) BALTIMORE, MARYLAND WORKMEN CIRCLE BURIAL 9/9/66

25C. FUNERAL DIRECTOR

ADDRESS

LEVINSON: & BROS. INC., 6010 REISTERSTOWN

258. NAME OF REGISTRAR



M	,	0	1	9	1	1
	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of death	shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendance on the 🧥	deceased prior to death); and (6) No physician was in regulor attendance on the deceased prior to deoth. Such	
	hospite	ise of	(5) De	ance	deoth	
	in a	ng can	cause;	attend	ior to	
	curred	ributi	nined	gular	ed pr	made.
	oth oc	r cont	deterr	in re	deceas	ion is
	t if de	irect c	(4) Un	SDM L	the .	isposi
RTAN	ssistan	the d	kind;	deat	nce or	finold
FUNERAL DIRECTOR: IMPORTANT	r his a	Also, if	of any	panne	ttenda	ned or
OR:	iner o	ner. A	acture	prond	ulor a	mbaln
RECT	l exam	exom	(3) A fi	n who	in reg	s are e
AL DI	nedica	edical	ourns;	nysicia	n was	emain
NER	chief n	m p /	Body t	the pl	ysiciai	e the r
FU	y the	ital by	re; (2)	vhere	No ph	befor
	oved k	e hosp	y notu	ccept v	(9) pu	rained
	e appr	d to th	of any	tol (e)	th); a	t be ob
	must b	elease	cident	i hospi	to dea	snu lo
	ficate	Was r	An a	A at a	prior	written approval must be obtained before the remains are embalmed or finol disposition is made.
7	is certi	body ;	Jws: (1	1s D.O.	ceased	itten a
1	T	the	sho	*	de	×

	AME OF DEC	EASED	.23 CERTIFIC	ATE OF DEATH 2. DATE AN	D HOUR OF DEATH	
		YENS BAR	4 804	MA HEHAL RESIDENCE (MAG)	30 66	12:05
3. P	PLACE OF DEATH IN BALTIMORE, MARELAND		A. STATE B. COUN		stitutian: residence befare admis	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION		CITY OF TOWN			
			C. CITY OR TOWN (If out	side city limits, write i	RURAL and give township)	
35				D. STREET ADDRESS (If	ural, give location	0
C	HURCH	HOME AND IT	OSPITAL		LEAN BL	V/)
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs M
	M	W	WibGWED, BITORCED (specify)	8/29/66	dat bilinday?	2
		UPATION (Give kind of wor working life, even if retired)	108 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or farei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
JOH	e during mass of	working me, even in terreo,		BALTIMORE	= Md.	W.SA.
13. [FATHER'S NA	ΛE		14. MOTHER'S MAIDEN NAM		
	LAN	1ES NIVE	105	IJOAN FIC	ACC1	
		Ever in U. S. Armed Fa		17. INFORMANT	,,,	ADDRESS
168	and of Unknown	yes, give war ar adi	es of service) SECURITY NO.			
	18. 7	0.47	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	RECTLY	1 1		ONSET AND DEATH
-		LEADING TO DEATH	(A)	Respiratory d	Tetress.	
		of mean the mode of osthenio, etc. It means	dying, e.g., DUE TO			p. pp. 11 Amail (1844) de la companie de la compani
		aplication which causes	d death.)	bilateral atel	at a single	1. gold landing in
		ANTECEDENT CAUSES	S (B)	Discourse ages	RC MARIE WIT	Walter A
		OR CONDITIONS, if				
		e above couse (A) 3 CONDITION last,	stoting the (C)	prematurity	•	
		11		0		
NO	OTHER SIGN	II		0		
ATION	OTHER SIGN		ATED TO THE			
CA	OTHER SIGN	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI	ATED TO THE	20A. AUTOPSY? (Yes ar Na	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PEI	ATED TO THE IT. MOITION FOR WHICH OPERATION REORMED		IN CERTIFYING CA	USES OF DEATH?
L CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBU	FICANT CONDITIONS OF EATH BUT NOT REAL CONDITION CAUSING OPERATION 198. COI WAS PEI	ATED TO THE ITEM INDITION FOR WHICH OPERATION REPORMED 218. PLACE OF INJURY (e.g. hame, farm, factory, street,	20A. AUTOPSY? (Yes ar Na , in or about 21C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notify	FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner)	ATED TO THE IT. MDITION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltimore	USES OF DEATH?
EDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBU	FICANT CONDITIONS OF EATH BUT NOT REAL CONDITION CAUSING OPERATION 198. COI WAS PEI	ATED TO THE IT. NOTITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	office bldg., 27F. HOW DID INJ	(If in Baltimore	USES OF DEATH?
ICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notify 21D. TIME	FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner)	ATED TO THE IT. MDITION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltimore	USES OF DEATH?
MEDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. A C CIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS OF EATH BUT NOT RELECTION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING THING CAUSE OF medical examiner) (Manth) (Day) (Year)	ATED TO THE IT. NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Nat Work	office bldg., INJURY OCCUR? 21F. HOW DID INJURY	(If in Baltimore	USES OF DEATH?
MEDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDITIONS OF EATH BUT NOT REACT ONDITION CAUSING OPERATION 198. CON WAS PEI NT WAS UNDERLYING THING CAUSE OF medical examiner) (Manth) (Day) (Year)	ATED TO THE INDITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Hauri) 21E. INJURY OCCURRED While At Nat Wark At Wark	in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY	URY OCCUR?	USES OF DEATH? City, give exact facation)
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19 A. DATE OF 21 A. A C CIDE: OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITIONS OF EATH BUT NOT REAL CONDITION CAUSING COPERATION 198. COI WAS PEI NT WAS UNDERLYING (Manth) (Day) (Year) that (I) (this hospital lost saw the decease	ATED TO THE INDITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Nat Wark At Work	in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile Aug. 29th 1	URY OCCUR?	USES OF DEATH? City, give exact facation)
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19 A. DATE OF 21 A. A C CIDE: OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITIONS OF EATH BUT NOT REI CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (I) (this hospital lost saw the deceos d from the couses sta	ATED TO THE INDITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Haur) 21E. INJURY OCCURRED While At At Work	in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile Aug. 29th 1	URY OCCUR?	USES OF DEATH? City, give exact facation)
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE: OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur one	FICANT CONDITIONS OF EATH BUT NOT REI CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (I) (this hospital lost saw the deceos d from the couses sta	ATED TO THE INDITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Wark Wark At Wark At Wark	while 27 th 19 66 and the holding Med.	URY OCCUR?	City, give exact facation) 2 3 0 +h 19 6 nion death occurred an the
MEDICAL CERTIFICA	OTHER SIGN: TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE: OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur one	FICANT CONDITIONS OF EATH BUT NOT RELECTION CAUSING OPERATION 198. CONWAS PEI NT WAS UNDERLYING JING CAUSE OF medical examiner) (Month) (Day) (Year) thot (I) (this hospital lost saw the deceosed from the couses stated in the couse state	ATED TO THE INDITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Wark Wark At Wark At Wark	in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	URY OCCUR?	Scity, give exact facation) 2 3 0 +h 19 6 nion death occurred an the
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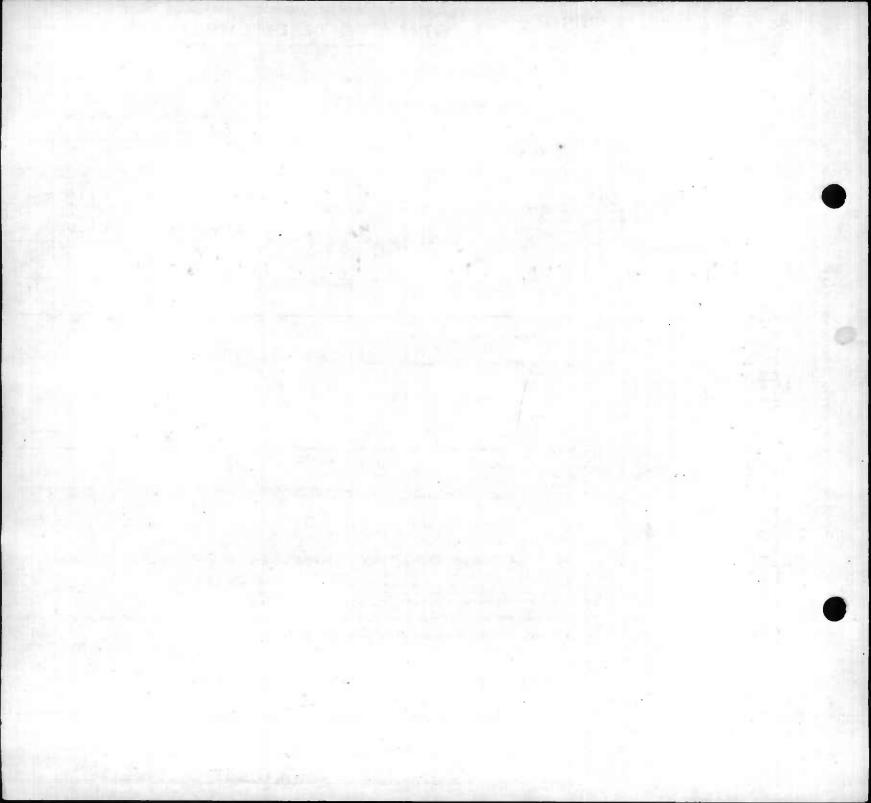
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_					A. STATE B. C	COUNTY	
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		E OR CONDITION LEADING TO DEAT		^	+ . 4+	7 1910	7 16
				g., DUE TO	LIC 1414210	4 A, venter	culir 2 days
- }	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
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Al armete in Field person removal 8/25/66 2 days 1050 of well most to so hoa Coungary & I was the strate (myental plaket 1638 Formett D. Berra

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

0 1000000 00105	BALTIMORE CITY	HEALTH DEPARTMENT		00 00105 4
BIRTH NG-6-/157766 U9125	CERTIFICA	TE OF DEATH	Registered No	00 09120
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	RUCE	Hug 14. USUAL RESIDENCE (When		6 530 P M. Illulion: residence before odmission)
FULL NAME OF (If not in hospital or institution, give oddress or location) INSTITUTION Maryland General San Linden	e street Ral Hospi Ave,	tal 2916.	LTO.	Balto 5 JRAL and give township) PKWay.
5. SEX G. RACE 7. MARRIED, N WIDOWED,	EVER MARRIED DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF 8 dane during most all working life, even if retired)	USINESS OR INDUSTRY	BALTIMORE	HARYLAND	12. CITIZEN OF WHAT COUNTRY?
WALLACE HERRY E	BRUCE	Nancy A	ing Ge	Hy
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO		LURE	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 19B. CONDITION FOR WHEN WAS PERFORMED	IICH OPERATION	LIES.	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PI	LACE OF INJURY (e.g., in form, foctory, street, of	or oboy 21C. WHERE DID	(If in Boltimore	City, give exoct location)
dest .	At Not While At Work	21 F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attended the			9ta	19
that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (23A SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(We) (did) (did not) v	iew the body after death.		23B, DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAN 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF SEP 12 1966	REGISTRAR	25C. FUNERAL DIRECTOR	V MEDICA	ADDRESS HD



	000		BALTIMORE CITY	HEALTH DEPARTMENT		66 09126
BIRTH NO.	66 0912	6	CERTIFICA	TE OF DEATH	Registered No	00 03120
M.E. CASE NO.	EASED			DATE AN	ND HOUR OF DEATH	
(Type or Print)	CHARLES LE	O CHAN	EY		6,1966	7:00P M
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4	A. STATE B. COUN		titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital and diess or location	or institution, g)	ive street	C. CITY OR TOWN (If ou	tside city limits, write RU	JRAL and give township)
ST. AGN	ES HOSPITAL			LINTHICUM		52-00
BALTIMO	ND WILKENS RE MARYLAN	AVE NUE	S	556 CLEVELA	rurol, give locotion) ND ROAD	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
MALE 10A, USUAL OCC	WHITE UPATION (Give kind of work	MARR I		6-17-18 11. BIRTHPLACE (State or fore	48	12. CITIZEN OF
done during most of	working life, even if retired)	RALTO.	LIFE INS.	MARYLAND		USA
13. FATHER'S NA		DAL TO		14. MOTHER'S MAIDEN NA	ME	337.
	IANEY (DEC 10	*		MARTHA REIG	LE (DEC D)	
(Yes, no or unknown	Ever in U. S. Armed Formal (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	2ND WORLD	WAR	220/07/5033 CAUSE O	11001 11112 02	IP ST.AGNE	ES HOSPITAL
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY	6			ONSET AND DEATH
heart failure,	not mean the made of asthenia, etc. It means application which caused	the disease,	DUE TO	frema Donne Co	2 (122	
	ANTECEDENT CAUSES		(B)		80.00	
rise to th	OR CONDITIONS, if a bave cause (A) G CONDITION last.		(c)	- Crusiani) //www	2
O OTHER SIGN	II IFICANT CONDITIONS C EATH BUT NOT RELA					
DISEASE OR	CONDITION CAUSING I	Γ.		120 A	V 000 15 W	
19A. DATE OF	OPERATION 198. CON		HICH OPERATION	ND	IN CERTIFYING CAU	SES OF DEATH?
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. hometc.)	PLACE OF INJURY (e.g., in e. form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Re At Not While At Work		JURY OCCUR?	
	thatX(1) (this hospital		e deceased from AUC	UST 9,	1966 to SEPTI	MBER 6, 19 66
					not in (Any) (our) opin	ion death occurred on the date
ond hour on		ed obove. 💢) (We) (did)X(X(X)X(v	iew the body ofter deoth.		23B, DATE SIGNED
	Mann	min	M.D. Atte	ending Med. Director	Stoff Phys.	SEPT 6, 1966
PHYSICIA NAME (1 DR.	BORROMEO		M.D.	ST. AGNES HO	MD. 21229 SPITAL-CATO	ON & WILKENS AV
	MATION, 248. DATE	24C, NA	ME of CEMETERY OF CRE		OCATION (City	/, town, or county) (State)
BUR	IAL SEPT.1	0,66	MEADDWRIDGE		IDWARD CO.	MO.
	EP 12 1966 (258. NAME O	E Falleuma	R.V. SINGL		LEN BURNIE, MD.
VS 150-REV. 1/1/		KANAN.	- Monday, and	TIVE DELIVER		LEGIO CONTOLLO 1100

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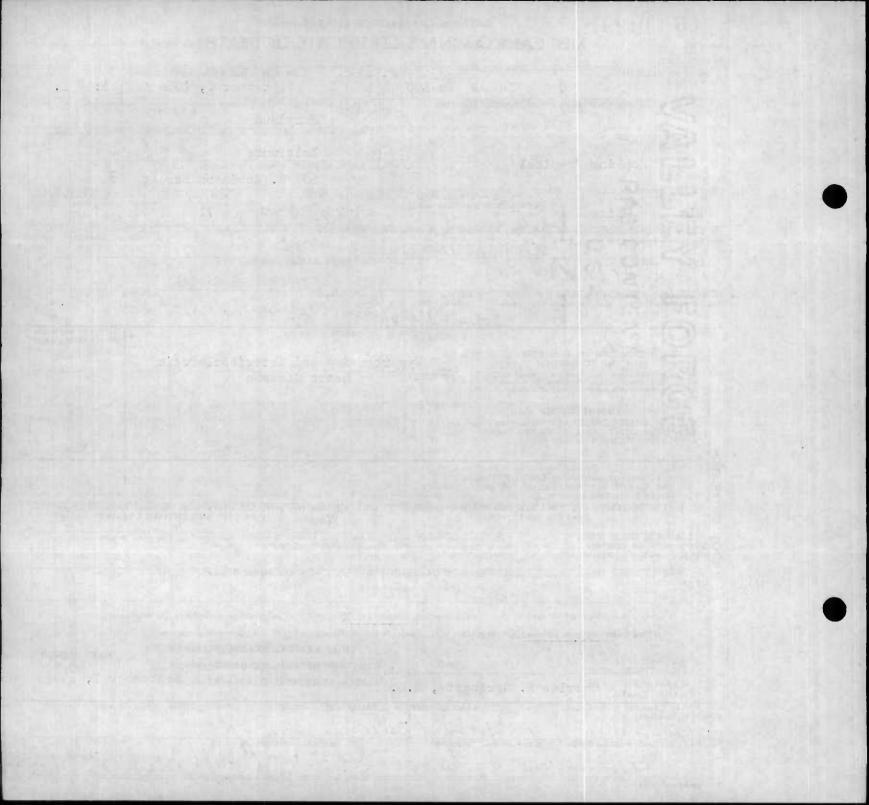
BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. GERTIFICATE OF DEATH Registered No. 56 U9127
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
KOSA 3 SMIT & 9/4/66 T- PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street) Md. Baltimore
HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Mt. Sinai Nursing Home. D. STREET ADDRESS (It rurol, give locotion)
3437 Greenmoun [Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birdown Months; Doys Hours Min.
1 Widowed Dept. 131882 83
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BATHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite Ownhome, York Co. Fenna U.S.A.
13. FATHER'S NAME
Nobon Houston Sarah Strambridge
15. Was Decisised Ever in U. S. Armed Forces: 66. SOCIAL 17. INFORMAN?
(Yes, no gruphnown) (If yes, give wor or dotes of service) SECURITY NO.
18. CAUSE OF BEATH CAUSE OF BEATH INTERVAL BETWEEN
ONSET AND DEATH
LEADING TO DEATH Continue Inacular a vaidant
(This does not meon the mode of dying, e.g., DUE TO
heori failure, asthenio, etc. Il means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES (B) WWY RECEIVE CV ANIAST 18 JULE TO
DISEASES OR CONDITIONS, if ony, giving
rise to the above couse (A) stating the (C)UNDERLYING CONDITION lost.
ONOTICE TO CONDITION TOST,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
While At Work At Work
22. I certify that (1) (this hospital) attended the deceased from July 2819/96/ta Sept 4 1966.
that (1) (we) last saw the deceased alive an Sept 419 6 and that in (my) (aur) apinian death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE
Manual F. James M.D. Attending Med. Stoff Q
23C. PHYSICIAN'S 23D. ADDRESS
MANETYPEDIA PERMANNIN IN LATION TO THE MADE MI
MAURICE FELDMAN, JR. M.D. LATROBE BLUG, BALTMORE, M.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Jown, or county)
Burial 1-1-66 New reedom Cem. New reedom, rork Co, Pa.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250 FUNERAL DIRECTOR ADDRESS
SEP 12 1966 P. D. B. E. Janker & Lacol Harlens Inn. Your ter elector. To
JE 15 1500 (Sept 2, decoration of Action of March 18 18 18 18 18 18 18 18 18 18 18 18 18

Ma Baltimore 3437 Reconnecent took South Strander Land

	BALTIMORI	E CITY HEALTH DEPARTMENT
91	BIRTH NO. M.E. CASE NO. GERTIF	ICATE OF DEATH Registered No. 66 19128
1	Type or Print) John William Seitz	Sept 7,1966 12:40 P.
3	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)	4. USUAL RESIDENCE (Where deceased tived, If institution; residence before admission A. STATE B. COUNTY M. BOLL MONE C. CITY OR TOWN (If outside city limits, write RUNAL and give township)
	Union Memorial Hospita	D. STREET ADDRESS (If rurol, give locotion)
S	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. Manths Days Hours Min. Min.)
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done drying most of working life, even if retired)	Bary and 12. CITIZEN OF WHAT COUNTRY?
	William Seitz	14. MOTHER'S MAIDEN NAME WITHELMING GESSNEY
10	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 218-10-279	12 Mrs Rigina Krider Brook Rd #1
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	Mucardial Infarction Chairs
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. 11 meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Arteriosclevosis Monu upors
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.	7
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	r (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
		of While Work
	22. I certify that (+) (this hospital) attended the deceased from that (I) (++++) last saw the deceased alive an Sept. 7	Sept 7 1966 to Sept 7 1966 1966 and that in (my) (our) apinion death accurred an the day
	and haur and from the causes stated above. (1) (Wa) (did) (did)	Attending Med. Stoff 7
2	23C. PHYSICIAN'S NAME (Type) NAT E. WATSON, JR.	Phys. Director Phys. 23D. ADDRESS M.D. THE UNION MEMORIAL HOSPITAL
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 9-10-66 Parkwood (of CREMATORY 24D. LOCATION (City, town, or county) (State)
2	SEP 12 1966 P. C. B. E. Hall	2SC. FUNERAL DIRECTOR ADDRESS

A A STORY OF THE S THE CASE TO PERSON BUT BUT .FL 25.41712121 JF.

1 10	CASE NO.			TE OF DEATH Registe	
	AME OF DECEASED	THOMAS NEV	ILOUSER	September 7, 196	66 1:18 P.
3.	ACE IN BALTIMORE, MARYLAN	ND, WHERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If ins B. CO	stitution: residence before odmission)
HC	NAME OF (IF NOT IN H PITAL OR ADDRESS OR ITUTION	IOSPITAL OR INSTITUTION, GIVE LOCATION)	C. CITY OR TO	VN (If outside corporate limits, write altimore	RURAL and give township)
3	Hopkins H	ospital	(DOA) STREET ADD	RESS (If rural, give location) 09 S. Robinson Sti	reet
5.	ale White	MARRIED, NEVER MAR		I land think days	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	USUAL OCCUPATION (Give kind during most of working life, even if re	of work OB KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Frederies	h	14. MOTHER'S M	aiden NAME Dockel	9
	/AS DECEASED EVER IN U.S. A na arunknown) (If yes, give war	ar dates of service) SECURITY	NO. 7-506 ms L	una Dockel	613 S. Robins
OATION	DISEASE OR CONDITION (This does not mean the meheat foilure, asthenia, etc. It injury or complication which complication with the complication which complication with the complicat	DEATH ode of dying e.g., meons the disease, aused death.) CAUSES S, IF ANY, GIVING (A) STATING THE LAST. (C).		nd arteriosclerot: disease	ic
CERTIFIC				? (Yes of No.) 20B. IF YES, WERE F	
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218, PLACE OF IN	Yes	VHERE DID (If in Boltimare City, g	
11 4	OF INJURY (APPROX.)	(Yeor) (Hour) 21E. INJURY C	NOT WHILE AT WORK	DW DID INJURY OCCUR?	
	22. I certify that I held o			d that on this bosis, death in	
	ACTUAL SIGNATURE	ral causes X Accident	Suicide Hamici CHIEF M. D. ASSISTANT M	de Undetermined mann EDICAL EXAMINER EDICAL EXAMINER X	DATE SIGNED
22	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	rol couses X Accident Called A	Suicide Hamici CHIEF M M.D. ASSISTANT M M.D. ASSOCIATE M	de Undetermined mann EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER Se	DATE SIGNED eptember 7, 1966
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATION, 23B. D.	rol couses X Accident Called A	Suicide Hamici CHIEF M M.D. ASSISTANT M M.D. ASSOCIATE M CEMETERY OF CREMATORY Reducement	de Undetermined mann EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER Se	DATE SIGNED



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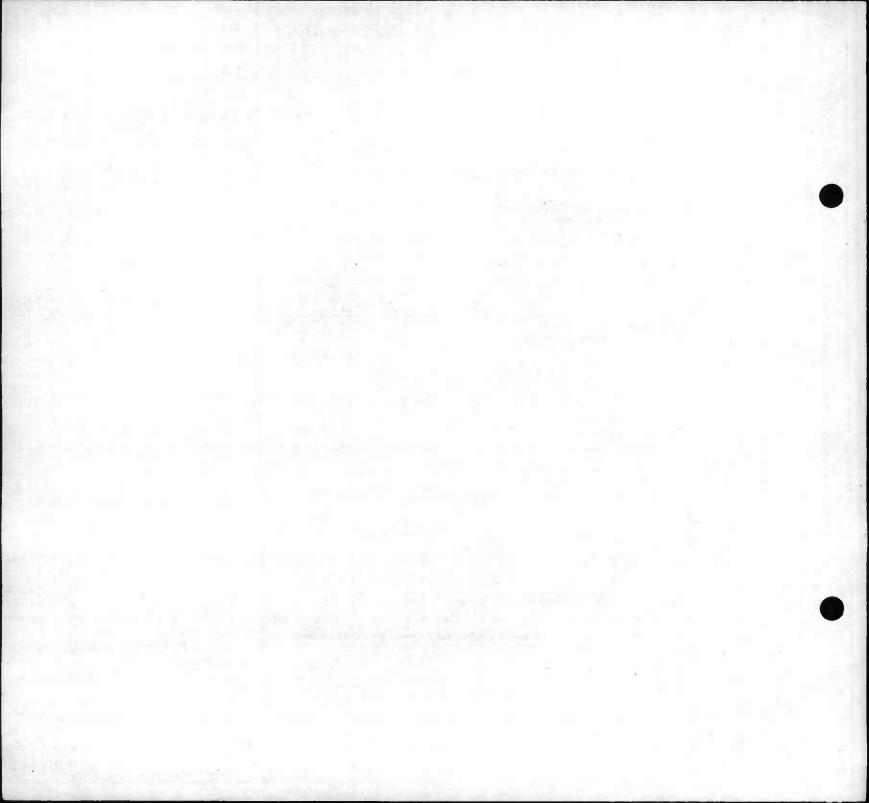
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BALTIMORE CITY HEALTH DEPARTMENT

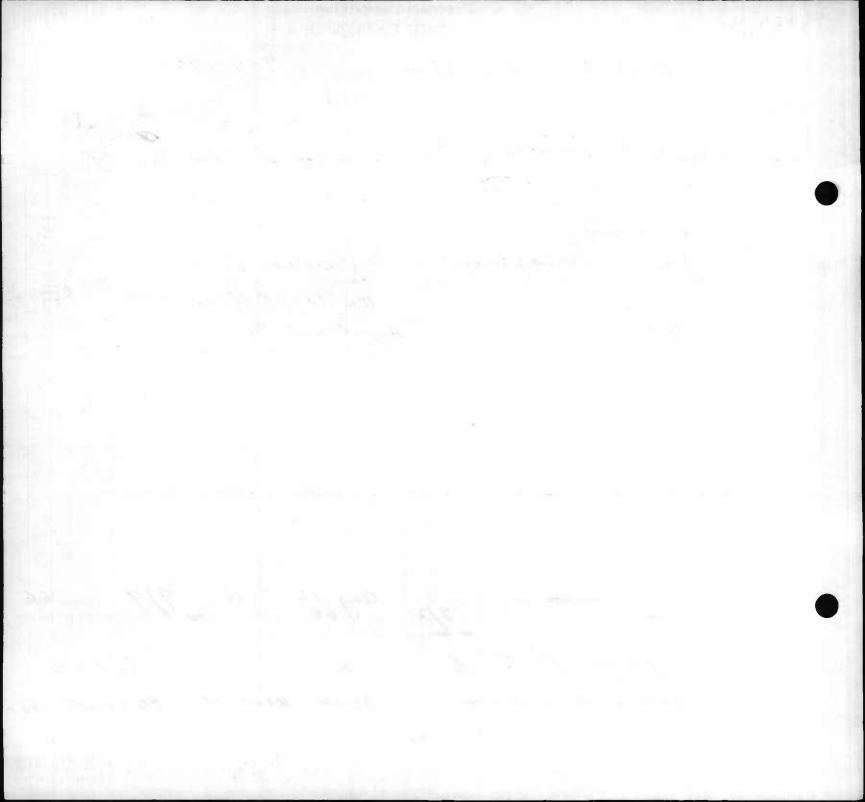
		66	091	30
gistered	No	00	001	UU

3.218 Huelson St

BIRTH NO.	66 08	9130 CERTIFICA	ATE OF DEATH	Registered No.	66 09130			
M.E. CASE NO.	CEASED		2. DATE AND	HOUR OF DEATH				
Type or Print)	AUDRIA (LOCKER	9-9	5-66	6:27 A.M.			
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUNTY		nstitution: residence before admission)			
HOSPITAL OR	oddress or locotion		C. CITY OR TOWN (If outsi		RURAL and give township			
m	IERCY H	OSPITAL		ral, give location)	0 0			
SEX .	6. RACE	7. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs.			
-	W	WIDOWED, DIVORCED (specify)		st birthday)	Months Doys Hours Min.			
one during most of	working lile, even if retired)	TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
FATHERS NA	EMAKER		14. MOTHER'S MAIDEN NAM	E				
_	NZO STE	INERT.	CATHARINI		FMAN			
6. Was Deceased es, no or unknown	Ever in U. S. Anned For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		4525 Houst			
No		217-38-170	7 Id. Clocke	N	Verso as			
18. 42	SE OR CONDITION DIE	X	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A)	SHOCK	SHOCK				
	(This daes nat mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,							
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	(B)	MYOCARDIA	LLUFAR	ICTION 14 hrs			
	OR CONDITIONS, if	any, giving			. 51			
	e abave cause (A) G CONDITION last.		STROKE		15 Ms.			
		A	SCVD, HCVD,	DIABETES				
TO THE D	IFICANT CONDITIONS C SEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE						
19A. DATE OF		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
OR CONTRIBE	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(It in Boltimor	re City, give exact location)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?				
OF INJURY		While At Not Wh						
22. 1 certify	that (1) (this haspital	ottended the deceased from	8-30 19	66 10	9-8 1966			
	lost saw the decease			in (my) (our) op	inion death occurred on the dote			
ond hour on		red above. (1) (We) (Gid) (did not)	view the bady ofter death.		23B, DATE SIGNED			
0	221 -7:	Bancal M.D. A	Hending Med. S	toff				
23 C. PHYSICIA		Janah Ph		hy s.	9-8-66			
NAME (T	(ype)	M.D						
AA. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NAME of CEMETERY OF C	10: -1	0	ity, town, ar county) (State)			
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	South M. 25C. EUNERAL DIRECTOR	el .	ADDRESS,			
	SEP 12 1968	P. D. H. E. Faller M.	The Bana a	Holling	3.218 History.			



1		E CITY HEALTH DEPARTMENT						
3		ICATE OF DEATH Registered No. 66 09131						
Suci	IN. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	M. 9-9-1966 M. M.						
eath	3. PLACE OF DEATH IN BALTIMORE, MARTLAND	A. STATE B. COUNTY						
P	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUBAL and give township)						
9	INSTITUTION	Baltimore 26-1						
prior le.	00612 n. Potomac St.	D. STREET ADDRESS (If rurol, give location) 324 Leinton St.						
mac	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
UE	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN done during most of working life, exempted retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
e d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
n the de dispositio	John Smearman	Louise Kramer						
0	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) SECURITY NO	17. INFORMANT ADDRESS						
final	320000	Mrs. Marie Hoffman 324 S. Clinton						
O .	18. 443 X I	Mrs. Marie Hoffman 324 S. Clinton J USE OF DEATH Hypotherical Curdio ONSET AND DEATH						
tend ed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Marylar disess						
r att	■ It Ithis does not mean the mage of dying, e.g., DUETO							
ular	injury ar complication which caused death.)							
D 0		то						
in re	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the (C)							
was								
ian w e rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
sic th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
No phy before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJUI	Y (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., INJURY OCCUR?						
(6) I	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR! While At While At	ED 21 F. HOW DID INJURY OCCUR?						
and	22. I certify that (I) (this headtal) attended the deceosed fra							
	that (I) (we) last saw the deceased alive on 9/2	1966 and that in(my) (**) aprinian death accurred on the date						
	and hour and fram the causes stated above. (1) (#4) (did	nat) view the bady after death.						
dear	23A. SIGNATURE	D. Attending W. Med. Staff C.						
	23C. PHOSICIAN'S	Phys. Director Phys. 9//6/6						
prior to	NAME (Type)	M.D. 3672 P PAUE SE PAI - MI						
d b		or CREMATORY 24D. LOCATION (City, town, or county) (State)						
deceased prior to written approval	Bussel 9-12-66 mt. C	armel Md. Balto!						
ritt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS						
₹ 0	SEP 12 1966 P. Cont E. Jankey	Thelma A. Hoffmann 3218 Midson to						



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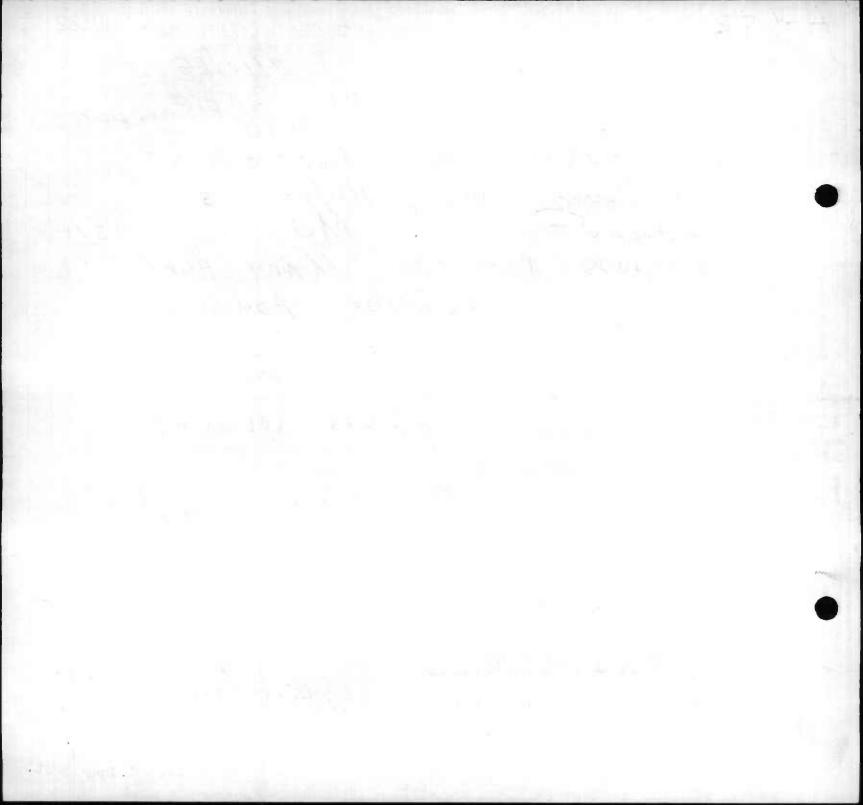
to death.

1-		CC	09132	BALTIMORE CITY	HEALTH DEPAR	TMENT		00 00	400
6		H NO.	03132	CERTIFICA	TE OF DE	ATH	Registered No	66 09	132
	1. N	E CASE NO.	110 /	10 111220		2. DATE AND	HOUR OF DEATH	73	0
		PLACE OF DEATH IN BALTIM	ACPE AMA BYLAND	MMIGER	TA HEHAL BEST	FILCE WILL	10/66	13	/J M.
	3. 1	TEACE OF BEATH IN BALLIN	TORS MARILAND		A. STATE	B. COUNT	deceased lived. If ins	nitulian: residence	b before domission)
	- 1	HOSPITAL OR address	n haspital ar institu ar lacation)	ition, grve street	C. CITY OR TOW	B	ide city limits, write RI	IPAIP on sive !	107-150
	1	NSTITUTION US 7	D/+5	HOSP	RA	LTO	ide city limits, while ki	and and are	low d's hiphy
	20				D. STREET ADDE	RESS (If ro	urol, give locotian)		
de.	X	8 Dr.	HITIM		1307		HT S	7	
BE	5, 5	6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH		. AGE (In years ast birthdoy)	If Under 1 Yr. Months Days	If Under 24 Hrs. Haurs Min.
S	101	WELL OCCUPATION Give	tiad of work 108, Kin	DIVID OF BUSINESS OR INDUSTRY	1/30/6	7	58	To CITITED OF	
	dan	e during mast of working life, even	if retired)		II. BIRITY LACE	Store of foreign	n country#	12. CITIZEN OF	
E S		SEAM AN	Aru	ndel Corp.	14. MOTHER'S M	Y ,	E	05	1
0	65		1 1	111220	A. MOTHER'S M	A C		- 0	
0	15.	Wos Deceased Ever in U. S.		MIGER	17. INFORMANT	ARY	HOR	NER	755
tinal disposition	(Ye	s,na arunknawn) (If yes, give v	var ar dates of ser	vice) SECURITY NO.	220	A-	1155102	C	
Ξ	_	110	one	X16-09-91	29	TDA	1155100		AL BETWEEN
0	-	DISEASE OR CONDI	TION DIRECTLY	CAUSE	PDEATH	Λ			AND DEATH
peu		LEADING TO	DEATH	(A) RU	PTURE	Ho	BTIC	YB	5
balmed		(This does not meon the heart failure, asthenio, etc.			ANE				
emp		injury or complication which		(70)	1110 6	0 10/2	377		
re em		ANTECEDENT DISEASES OR CONDITION		DUE TO			***************************************		***************************************
8		rise to the obove co	use (A) stating	The (C)	025	(CL	-INICAL))	
fore the remains		UNDERLYING CONDITION	l lost.						
Ε	Z	OTHER SIGNIFICANT CONE	DITIONS CONTRIB	UTING					
9 70	ATIO	TO THE DEATH BUT IN	NOT RELATED TO	O THE					
the	ERTIFIC	19A. DATE OF OPERATION	19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or Na)	20B. IF YES, WERE FI	INDINGS CONS	IDERED ?
ore	CERT	21A. ACCIDENT WAS UND	RLYING	21B. PLACE OF INJURY (e.g., i	n ar about 21C. Wh	IERE DID	18-	City, give exact	
pef	AL	OR CONTRIBUTING CAUS	E OF	hame, form, factory, street, a	ffrce bldg., INJURY	OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0	20	21 D. TIME (Manth) (Da	y) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HO	W DID INJU	RY OCCUR?		
ne	Ä	OF INJURY (APPROX.)		While At Not Whi Wark At Wark	le 🦳				
obtaine		22. I certify that (1) this	hasnital otten		8/5	10	66 . 9	110	10 66
0		that (1) (we) lost saw the			······································	6 and that	t in(my) (our) apin	ion death acc	urred on the date
ě +				ve. (1) (We) (did) (did not)			(,, (00., up		orred an the dore
must be o		23A SIGNATURE	0/		,			23B, DATE SIGN	IED
	dis	Muhael	G. Te	M.D. Att	ending M s. Di	ed. S	hys.	9/10	166
0 \ 0		23C. PHYSICIAN'S NAME (Type)	. 0	0	23D. ADDRESS	CH	A 20	/	
Jdc		MICHABL &	- PELC	ZAR M.D.	RAL	TIM	ORR		
n approval	24A	REMOVAL (Specify) 24B.	DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY	24D, LO	CATION (City	y, town, ar count	ty) (State)
3		Danis - 7	12-11-			774	- 1- 4 - TTA 1	7 - T - T	to Ma

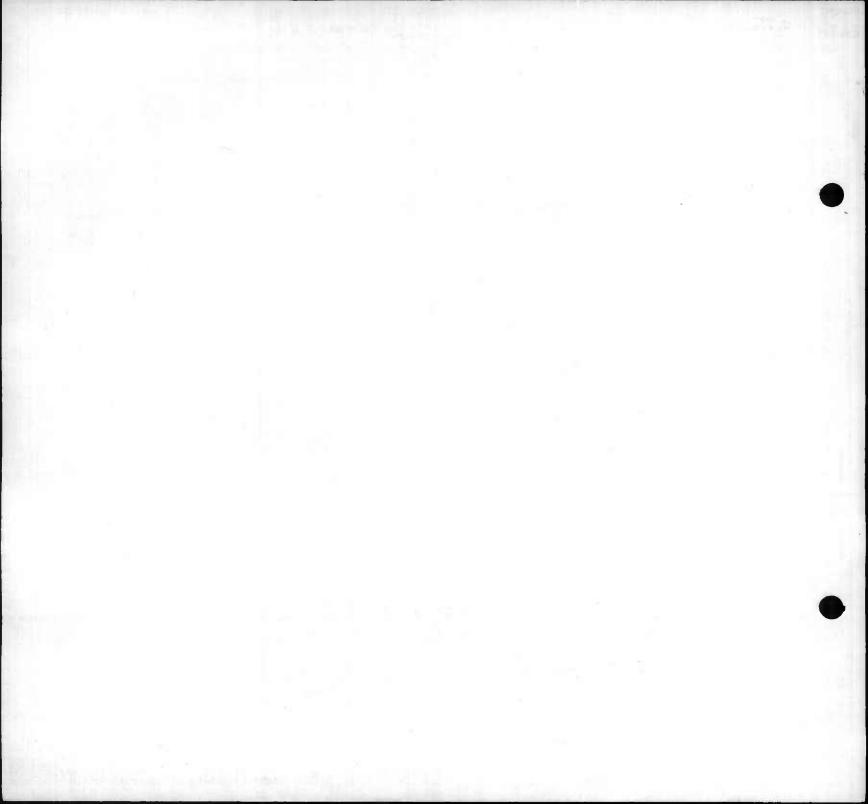
Cemetery RIL VOIL Burial 9/13/66 Cedar Hill
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

Ritchie Highway Balto. Md ADDRESS

HOME 1216 S.CharlesSt. 1966 VS 150-REV. 1/1/65



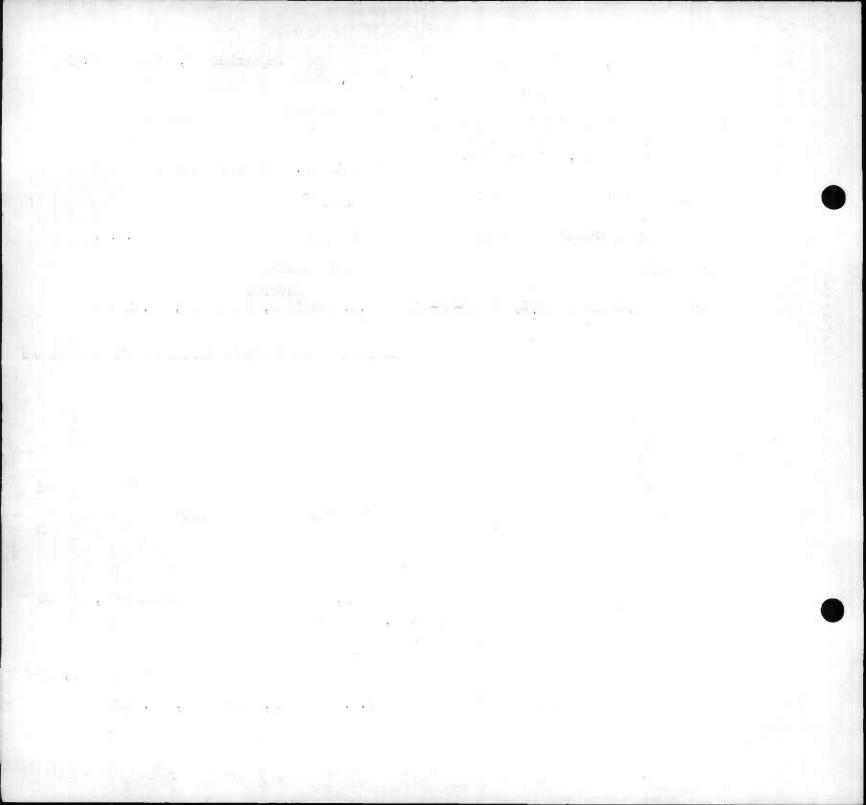
GG 00123 BALTIMORE CITY HEALTH DEPARTMENT 66 U9133
BIRTH NO. CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
(Type or Print) (15) (16) SCOTT 9-8-66 63P, M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Rulfing Rulfin
D. STREET ADDRESS Aff rurol, give location)
70 Mursing Home 1802 Pressman Street
5. SEX ADDE 1 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years withdow) 15. SEX WIDOWED, DIVORCED (specify) 4-34-907 Sex birthdoy) 59 Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1/2-1
13. FATHERS NAME 14. MOTHERS MAIDEN NAME
11. 50 11 50 11
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
4es 212-69-0136 ChARI # 803 607 Jenn. Cours
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Described length
(This does not meen the mode of dying, e.g., DUE TO
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving
rise to the obove couse (A) stoting the (C)
UNDERLYING CONDITION lost.
Z CTUER SIGNIFICANT CONFRIGURITING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. Condition for which Operation 204. Autopsy? (Yes or No) 208. If Yes, were findings considered
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bultimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) LHour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
Work AT Work
22. I certify that (1) (this hospital) attended the deceased from \$129 1966 to 9
that (1) (ve) lost sow the deceased alive an 7/6 and that in (my) (avr) opinion death occurred on the date
ond hour and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.
23A. SIGNATURE Attending Med. Phys. Med. Director Phys. 23B. DATE SIGNED 9/9/6
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) E. E. HOLT M.D. 3715 Liberto Hat Que
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. COCATION (City, town, or county) (Stote)
DEMOVAL (Specify)
Burial 9-12-66 Daltimore National Baltimore, I Varyland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR APDRESS
SEP 12 1968 Pelost E. Farbina Mirton E Dict Fill 1701 Laurens



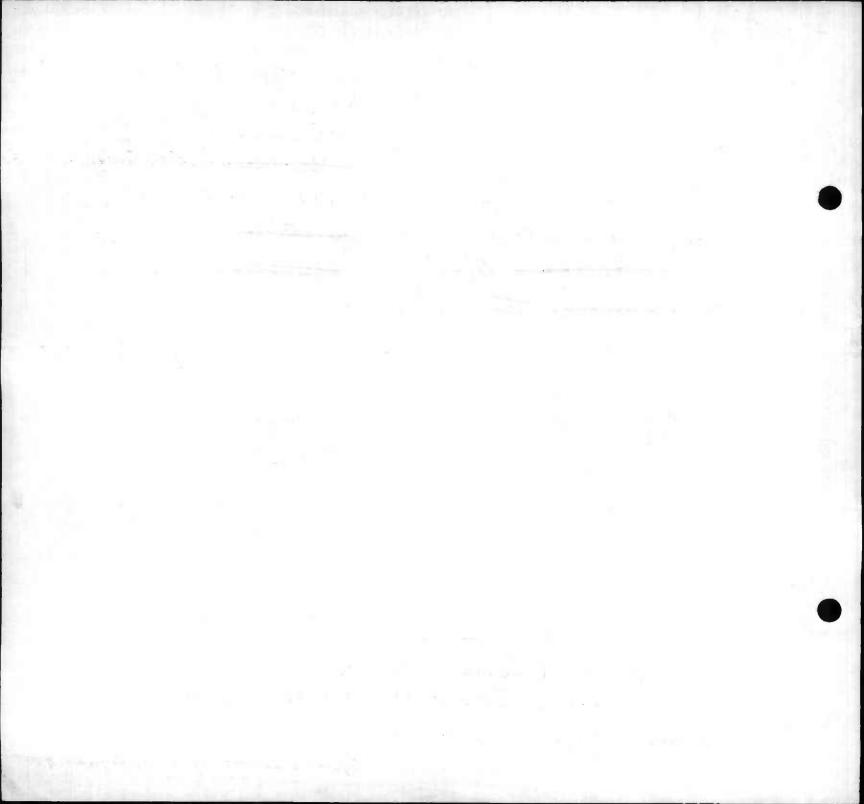
00 0010	BALTIMORE CITY	HEALTH DEPARTMENT		66 09134
BIRTH NO. 66 09134	CERTIFICA	TE OF DEATH	Registered No.	00 00104
M.E. CASE NO,			D HOUR OF DEATH	
Type or Print			A STATE OF THE PROPERTY.	15
CARRIE Smith		9-8-6	06 12	- A
PLACE OF DEATH IN BALTIMORE, MARYLAND				stitution: residence befare admiss
		A, STATE B. COUN	IT	
FULL NAME OF (If not in haspital or institution, gi	ve streel	114		
HOSPITAL OR address or location)	.)	C. CITY OR TOWN (If aut	side city limits, write	RUPAL and give township)
incoln memorial Nursing	Home	BAHI MIN	20	300
an correction of the		D. STREET ADDRESS (If	rurol, give location)	0
BALTIMOTE, md. 21223	7	1972 000	Hopearl	DOOK Allo
Baltimore, md. 21223	,	1000 PAI	LE SOLA	PAKK /TOC,
	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Doys Haurs Mi
Female (DIV ORCED (specify	2/15/07	59	
DA USUAL OCCUPATION (Give kind of work 10B, KIND OF	RUSINESS OF INDUSTRY	11. BIRTHPLACE (State or forei	an country)	12. CITIZEN OF
one during mast of warking life, even if retired)	DOSINESS OR INDUSTRI	1 distribution	gir cooling)	WHAT COUNTRY?
Nove	-	Hamplan	1/4	1150
B. FATHER'S NAME	-	14. MOTHER'S MAIDEN NA	MF	
7/1/		0/1/2		
MNYmould		UNKNOWN		
Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	0 01 1		A
Po	•	Mrs. alberta 1	lepis	ARM WIKEN
1B. ///	CAUSE OF	DEATH		INTERVAL BETWEEN
Augustian Completon Directiv		. /		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10-	1.000: 1/000	1 400	3 / -
LEADING TO DEATH	(A) CER	EBRAL VASLUA	AL Meel	DENT
(This does not mean the mode of dying, e.g.,	DUE TO			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	11	1	ARDIOVASEUR	10 71 -
	IN HYPI	ERTENSIVE C	AR DIOUAS EU	AL DIZEASE
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove cause (A) stating the	(C)	9 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	ULICIL OPERATION	120A ALLEGROUP /Ver at No	200 IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes at No	IN CERTIFYING CA	USES OF DEATH?
× O				
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimar	e City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame etc.)	, form, tactory, street, off	ice bldg., INJURY OCCUR?		
3				
21D. TIME (Month) (Day) (Year) (Haurl 21E,	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
₹ (ABBBOY)				
Wark	At Wark	1 /		1 1
22. I certify that (1) (this hospital) attended the	e deceased from	124/59	19ta	9 /8/66 19
	- 1 2	10		
that (I) (we) last saw the deceased alive an	7/0/40	and th	at in (my) (our) op	man death occurred on the
ond haur and from the causes stated abave. (1)	(We) (did) (did not) v	ew the bady after death.		
23A. SIGMAYUKE	(1)			23B. DATE SIGNED
) 5 X D AHO	nding	Stoff	13/26.
ally from him	Phys	Director	Phy s.	7/9/66
23 C. PHYSICIAN'S	2	3D. ADDRESS		5
NAME (Type)	LINE M.D.	930 600	TELOCIL C	2- Bra -
	W.U.	100 COHI	ichocil c	-1 11111
	ME of CEMETERY OF CRE	MATORY 34P. L	OCATION (C	ity, town, or county) (Sta
REMOVAL (Specify)	(lul.	R		Ned
Burial 9-10-66 1179	· Muburn		ilto.	118
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR	1 0	ADDRESS
OFD 19 1000: 00 R	CLAND MA	To sometime	J. H +	11 1701 640

CREEBERN VARAMENT PRESENT Horasamo Casaman a Danie Per commune of men

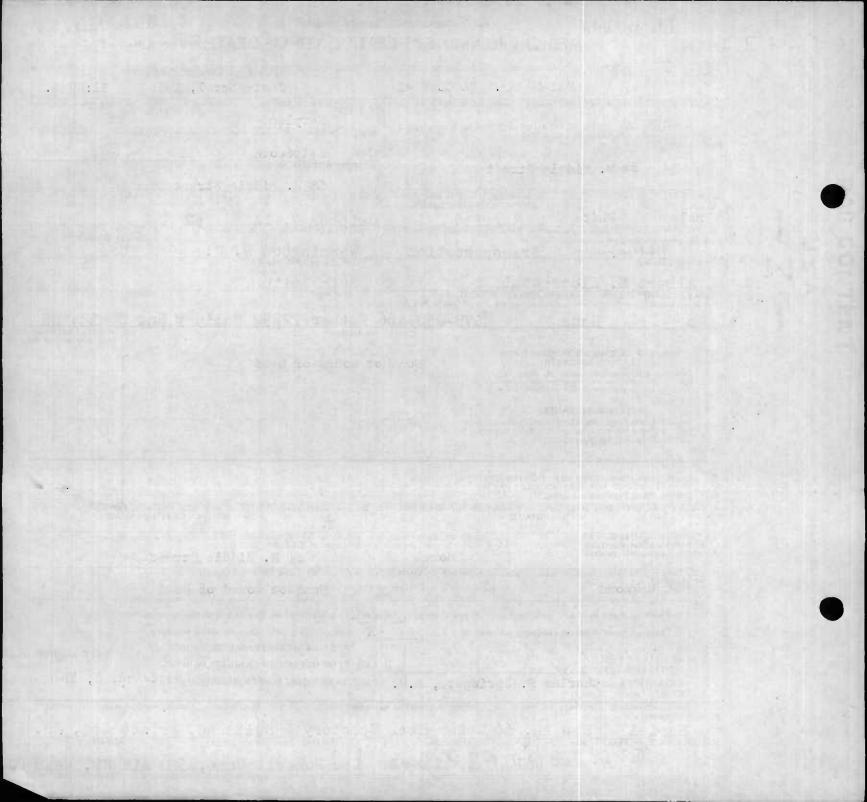
		66 09135		BALTIMORE CI				66 09135
BIRTH M.E.	NO. CASE NO.	00 00100		CERTIFIC	ATE OF			
1. NA	ME OF DEC	COLE, Royal	Frankli	n		2. DATE AN Sep	tember 8,	1966 5:45
3. PL.	ACE OF DE	ATH IN BALTIMORE, MA	RYLAND			RESIDENCE (When	e deceased lived. If	institution: residence before or
FU HC IN:	ILL NAME O OSPITAL OR STITUTION	Veterans Admi	inistra ven Bou	tion Hospital Levard		ryland R TOWN (If our ltimore		RURAL and give tolunship)
27		BaltimOre, Ma	aryland	21218				
5. SEX		6. RACE	WIDOWE	D, DIVORCED (specify)	B. DATE OF	BIRTH	yette Aven 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under Months Days Hours
	ale	Negro	Wido		10/2	ACE (State or fore	68	12 CITIZEN OF
done o	during most of	working life, even if retired) rd Operator	Unkn		Maryl		X	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ATHER'S NA					R'S MAIDEN NA	ME	
Fra	ank Col	.e			Lyd	ia Smith		
15. W	os Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	_	ANT Record	le.	ADDRESS
Yes, n				SECURITY NO. 115-03-1539				Md. 21218
	B. /	0/10/10 00 1	-~/~/10		OF DEATH	noshrear,	par criticine,	INTERVAL BETW
i	heori failure, injury ar cor	not mean the mode af asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A)	s the diseased death.) Sany, giving	(B)DUE TO				
ATION	OTHER SIGN TO THE D DISEASE OR	G CONDITION Iosi, II IFICANT CONDITIONS CONDITION CAUSING CONDITION CAUSING	ATED TO T	I G HE		TOPSY? (Yes or No		
ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED					Yes	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 2	OR CONTRIB	NT WAS UNDERLYING DUTING CAUSE OF medical examines	21 ho etc	B. PLACE OF INJURY (e.g. me, form, foctory, street, ;,)	office bldg., 11	C. WHERE DID	(If in Baltim	ore City, give exoct locotion)
MEDI	PF INJURY APPROX	(Month) (Doy) (Year)	w	E. INJURY OCCURRED hile At Not W ork At Wo	hile	F. HOW DID INJ	URY OCCUR?	4. 4
2	2. Logstify	that 🙀 (this haspita	l) attended		une 13,		19 66 to Se	eptember 8, 19
tl	hat (X) (we)) last saw the deceased from the causes sta	ed alive an.	September 8	-			pinion death accurred on 23B. DATE SIGNED
2	3C. PHYSICIA	THOMAS ZIZ	ZIC		23 D. ADDRE		Stoff Phys. Baltimore,	September 9, Md. 21218
24A.	BURIAL CRE	MATION, 24B. DATE	24C. N	IAME of CEMETERY OF	REMATORY	24D. L	OCATION	(City, town, or county)
B 25A.	DATE REC'D	AL 9-12-	66 £	SA ItO NA	7. 1/ Con	m. D	a Ho,	Md.



		00 000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00100
11	TH NO.	66 09136	CERTIFICA	TE OF DEATH	Registered No	66 09136
1, N	E. CASE NO. NAME OF DECEA pe ar Print)	SED	1		ID HOUR OF DEATH	
	Sat	TONE MARYLAND	Seph.	Ser Ser	24.10,14	66-11:20 P.M. stitution: residence before odmission)
	TACE OF DEATH	THE PARTITIONS MAKE AND	=	A. STATE B. COUN	TY	smonon: residence before offinission/
	FULL NAME OF HOSPITAL OR	(If not in hospital or institut address or location)	ian, give street	C. CITY OR TOWN, (If our	teide city limite, write P	URAL ond give township)
	INSTITUTION	4	1000	Ba DInn	on e_ ·	27-17
145	20	Unantel e	f Baltimore.	D. STREET ADDRESS (If	rurol, give location)	- 1
	Stuck			4771 800	depend !	07 GUEENS BERRY
5. 5	SEX 6.		OWED, DIVORCED (specify)	1111110	9. (AGE (In years lost birthday)	Months Doys Hours Min.
103	USUAL OCCUPA	ATION (Give kind of wark 10B. KIN	D OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State_ar farei	an country)	12, CITIZEN OF
don	e during most of wor	king life, even if retired)	ATT CO.	1011 BAL		WHAT COUNTRY?
	FATHER'S NAME	clerk up	HECCIV.)	14. MOTHER'S MAIDEN NA	ME	CNA.
	11	(Lauren)	MAZL	101/11/10		n
1100	Was Deceased Ev	er in U. S. Armed Forces?	1 6. SOCIÁL	17. INFORMANT	1	ADDRESS
M	s, no or unknown) (If	yes, give war or dotes of serv	SECURITY NO.	Hoesty	to0 100	ande
114	11B. / / 2 A		CAUSE O	F DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
		OR CONDITION DIRECTLY	li'	-4		ONSET AND DEATH
		ADING TO DEATH mean the made of dying,	e.g., DUE TO	uls Myore	elder	2 000
	heart failure, as	thenio, etc. It means the disc calion which caused death.)		Infe	arcum	
		TECEDENT CAUSES	(B)	<i>V</i>		
		CONDITIONS, if any, gi		no	2	
NOIL		abave cause (A) stating	The (C)			
		11		200		
TION	TO THE DEA	ANT CONDITIONS CONTRIBUTE NOT RELATED TO	JTING THE	2//-		
ICA	19A. DATE OF O		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
RTIFIC	0	WAS PERFORMED		wo	IN CERTIFYING CAL	JSES OF DEATH?
2	OR CONTRIBUTU	WAS UNDERLYING A	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
110	i i i i i i i i i i i i i i i i i i		etc.)			
MED	OF INJURY	Aanth) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)		Work At Work			
		at (I) (this hospital) attend		(Y	1966 to J	-pt 10 19 66
5	1		on Sept 1		at in(my) (eu r) opir	nion death accurred on the date
	ond hour ond for	roin the couses stated abov	e. (1) (We) (did) (did not) v	iew the body ofter death.		23B, DATE SIGNED/
24	23/11/01/01/01/01/01/01/01/01/01/01/01/01/	n = 07	M.D. Atte	anding Med. Director	Stoff	9/1/66
	23C. PHYSICIAN	Mariet L		23D. ADDRESS	Phys.	7
	NAME (Type	MANUEL	LEVIN M.D.	48/8 KEIS	TER STOW	N (0
24	BURIAL CREMA			MATORY 24D. LO	OCATION (CH	y, tawn, or county) (Stote)
	BURIAL	9/11/66	ROSEDALE	15	8470 · M	ン
25 A	A. DATE REC'D BY		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	wist Sow	3319 OLYMPIA HUE
	SE	P 12 1966 P.C.	B & Farley MA	77000	11	
VS	150-REV. 1/1/65					



PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STREET ADDRESS (If rural, give location) 58 W. Biddle Street 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore D. STREET ADDRESS (If rural, give location) 58 W. Biddle Street) A. M. odmission)
ADRIAN M. KLOCZEWSKI PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JLL NAME OF ADDRESS OR LOCATION) STITUTION ADRIAN M. KLOCZEWSKI 2. Date and hour pronounced dead September 7, 1966 11:00 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore D. STREET ADDRESS (If rural, give location) 58 W. Biddle Street 58 W. Biddle Street	A. M. odmission)
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 58 W. Biddle Street ADRIAN M. KLOCZEWSKI September 7, 1966 11:00 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before B. county Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore D. STREET ADDRESS (If rural, give location) 58 W. Biddle Street	A. M. odmission)
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STATE 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore D. STREET ADDRESS (If rural, give location) 58 W. Biddle Street	odmission)
OSPITAL OR IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore D. STREET ADDRESS (If rural, give location) 58 W. Biddle Street	
58 W. Biddle Street Baltimore D. STREET ADDRESS (If rural, give locosion) 58 W. Biddle Street	ship)
58 W. Biddle Street	
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Doys, Hou	
Male White Married October 7, 14 52 A USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF	
DA. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY	?
Driver Transportation Washington D. C. USA	
FATHER'S NAME	
Albert M. Kloczewski Ruth Smith	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no arunknawn ,(If yes, give war or dotes of service) SECURITY NO. 17. INFORMANT A DDRESS SECURITY NO.	
No None 579-0509566 Father 12832 Holiday Ln, Bowie,	Md
TB. CAUSE OF DEATH INTERVAL	BETWEEN
DISEASE OR CONDITION DIRECTLY	D DEATH
LEADING TO DEATH Gunshot wound of head	
(This daes not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED YES YES	
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Baltimare City, give exact location) 1 NDERLYING OR CONTRIB- 1 home, farm, factory, street, affice bldg., INJURY OCCUR?	
UTING CAUSE OF DEATH. Home 58 W. Biddle Street	
21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) Unknown WHILE AT NOT WHILE Gunshot wound of head	
22.	
resulted from: Natural causes Accident Sulcide X Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE Charles ALL M.D. ASSISTANT MEDICAL EXAMINER X	IGNED
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 8, 1	966
A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	(Stote)
EMOVAL (Specify)	Md.
Burial Sep 10. 66 Cedar Hill Cemetery Suitland, Prince Geo.	
A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
	Wash PC



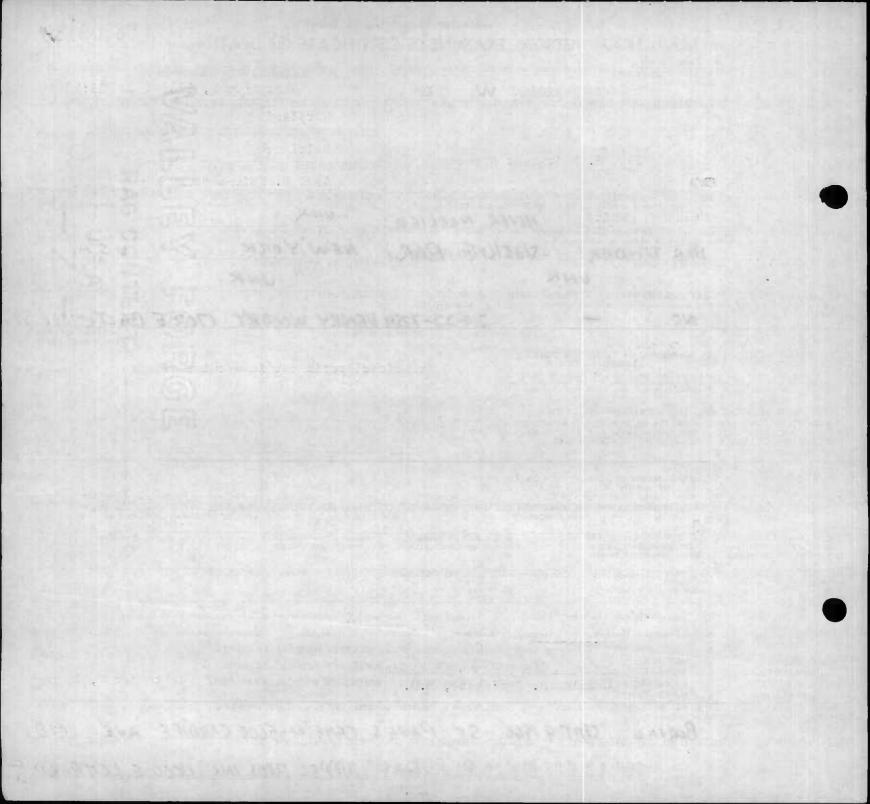
This certificate must be approved by the chief medical examiner or his assistant if deat the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under was D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the death of the physician was in regular attendance.

DI R	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered	No. 66	09138		
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH						
	CLYPE OF PROTE MC ANDREW REV. MILES M. SI 3. PLACE OF DEATH IN BALTIMORE, MARYLAND					
	FULL NAME OF (If not in haspital or institulian, give street MD	JNTY		Balto ond give township)		
'	ST AGNES HOSPITAL BALTIMORE			53-00		
4	40 D. STREET ADDRESS (I	ELL DR.	an)			
	MALE WHITE 7. MARRIED, NEVER MARRIED 8-24 -00	9. AGE (In years lost buthday)	s If Ur Month	nder 1 Yr. If Under 24 hs Days Hours Mi		
don	IEAURER	LVANIA	12. C	CITIZEN OF WHAT COUNTRY?		
13.	13. FATHER'S NAME	AME				
	MILES J. MCANDREW 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ALICE NORTON				
1 S. (Ye:	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.		ATON C	ADDRESS		
	ST AGNES HOS	PITAL CA	ATUN &	INTERVAL BETWEEN		
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury ar complication which caused death.)	Lysa ten	rea	ONSET AND DEATH		
AEDICAL CERTIF	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slating the UNDERLYING CONDITION last.	**************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of NO	IN CERTIFYING	WERE FINDIN G CAUSES O	GS CONSIDERED OF DEATH?		
	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING	(If in Bo	oltimore City.	give exact tocation)		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Nat White At Work 21F. HOW DID IN	NJURY OCCUR?				
			SEP r) apinian d	T 6 19 60 eath accurred an the		
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death	1.	1228 5	DATE SIGNED		
	M.D. Attending Med.	Stoff Phys.)-6-66		
	23C. PHYSICIAN'S NAME (Type) R. MARIN MX M.D. CATON & WIL			BALTO MD		
24		LOCATION	(City, town	n, or county) (Stot		
	BURIAL 9/12/66 ARCHBALD AR	RCHBALD	. PA.			
25 <i>A</i>				ADDRESS CALVERT		
VS	VS 150-REV. 1/1/65	7				

BALTIMORE CITY HEALTH DEPARTMENT

. . A MARKANIA COLUMN SEASON OF THE SEASON OF

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) RICHARD W. SMITH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 1902 E. Fairmount Avenue D. STREET ADDRESS (If rurol, give location) S. SEX 6. RACE White White White White White White TOA. USUAL OCCUPATION (Give kind of work) OB. NIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) 2. Date and hour Pronounced DEAD September 2, 1966 11:20 2. Date and hour Pronounced DEAD September 2, 1966 11:20 C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns) Baltimore D. STREET ADDRESS (If rurol, give location) 1902 E. Fairmount Avenue 1903 E. Fairmount Avenue 1904 E. Fairmount Avenue 1905 F. AGE (In years lost birthday) Months, Doys Hours Male 1905 H. UNK Months, Doys Hours Months, Months, Doys Hours Months,	
RICHARD W. SMITH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1902 E. Fairmount Avenue 5. SEX 6. RACE White White White White NEVER MARRIED, NEVER MARRIED WINDUSTRY II. BIRTHPLACE (Stote or foreign country) RICHARD W. SMITH September 2, 1966 11:20 A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before on B. COUNTY A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns) Baltimore D. STREET ADDRESS (If rural, give location) 1902 E. Fairmount Avenue 1902 E. Fairmount Avenue 1903 E. PARRIED Months, Doys Hours Who web, DIVORCED (specify) NEVER MARRIED WINDUSTRY III. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 1902 E. Fairmount Avenue 1902 E. Fairmount Avenue 5. SEX 6. RACE White White White White White White Where Markled of worklob, kind of worklob, kind of Business or Industry! 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns) Baltimore D. STREET ADDRESS (If rural, give location) 1902 E. Fairmount Avenue 5. SEX 6. RACE White Whit) A
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1902 E. Fairmount Avenue D. STREET ADDRESS (If rurol, give location) 1902 E. Fairmount Avenue 5. SEX 6. RACE White White White WEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOWN B. DATE OF BIRTH OR AGE (In yeors lift Under 1 Yr. If Under Months) NEVER MARRIED NOWN Months Doys Hours 66 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. CITIZEN OF	odmi s sion)
1902 E. Fairmount Avenue D. STREET ADDRESS (If rurol, give locoston) 1902 E. Fairmount Avenue 5. SEX Male White Widoweb, Divorced(specify) NEVER MARRIED WIDOWED, DIVORCED(specify) NEVER MARRIED WORK MARRIED WORK MARRIED WIDOWED, DIVORCED(specify) NEVER MARRIED WORK Months, Doys Hours Hours 100, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	hio
1902 E. Fairmount Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(Specify) NEVER MARRIED WIDOWED, DIVORCED(Specify) NEVER MARRIED WIDOWED, DIVORCED(Specify) NEVER MARRIED WIDOWED, DIVORCED(Specify) 66 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF)
Male White NEVER MARKIED UNK 66	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	
DAR TENDER WHAT COUNTRY? BAR TENDER WHAT COUNTRY? U.S.A 13. FATHER'S NAME WHAT COUNTRY?	
13. FATHER'S NAME UNK.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no grunknown), (If yes, give wor or dates of service) SECURITY NO.	
NO - 219-22-7754 HENRY WOODBY 1703 E BALTIMO	DRE
INJURY OF COMPILICATION WHICH OPERATION ANTECENDENT CAUSES ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION Yes IN CERTIFYING GAUSES OF DEATH?	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	
22.	
BURIAU SEPT 9 1960 ST PAULS CEMETERYSCOO CARDIFF AUE 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	MD
SEP 12 1966 R. O. B. E. Jackyma DIPPEC BROS INC 1800 E LOMB.	ARD



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BALTIMORE CITY HEALTH DEPARTMENT 66 09140 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SEPTEMBER 9, 1966 ELEANOR C. STAMM 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give lacation) 106 S. MONASTERY AVENUE 21229 00 21229 106 S. MONASTERY AVENUE 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE Months Doys lost birthdoy Hours WIDOWED, DIVORCED (specify) 3-7-1882 FEMALE WHITE WIDOWED IDA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

RETIRED HOMEMAKER MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE ELSEROAD NANCY WELSH 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. MRS. CLARENCE STAMM, 106 S. MONASTERY AVENUE NONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) AMERICA SPUSICITE COMPIE (This does not mean the mode of dying, e.g., VMPULAR DISEASE heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH WAS PERFORMED (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examine)

MEDI (Month) (Doy) (Yeoi) (Hous) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from... that (I) (we) lost sow the deceased alive on.... ond that in(my) (our) opinion deoth occurred on the date

and haur and from the causes stated above. (1) (Wer/(did) (didenot) view the body after death. 23A. SIGNATUR

238, DATE SIGNED M.D. Attending 23 C. PHYSICIAN'S 23D. ADDRESS

JOHN SHAW

5800 EDMONDSON AVENUE

25C. FUNERAL DIRECTOR

24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify) BURIAL 9-12-66 NEW CATHEDRAL CEMETERY

BALTIMORE.

MARYLAND

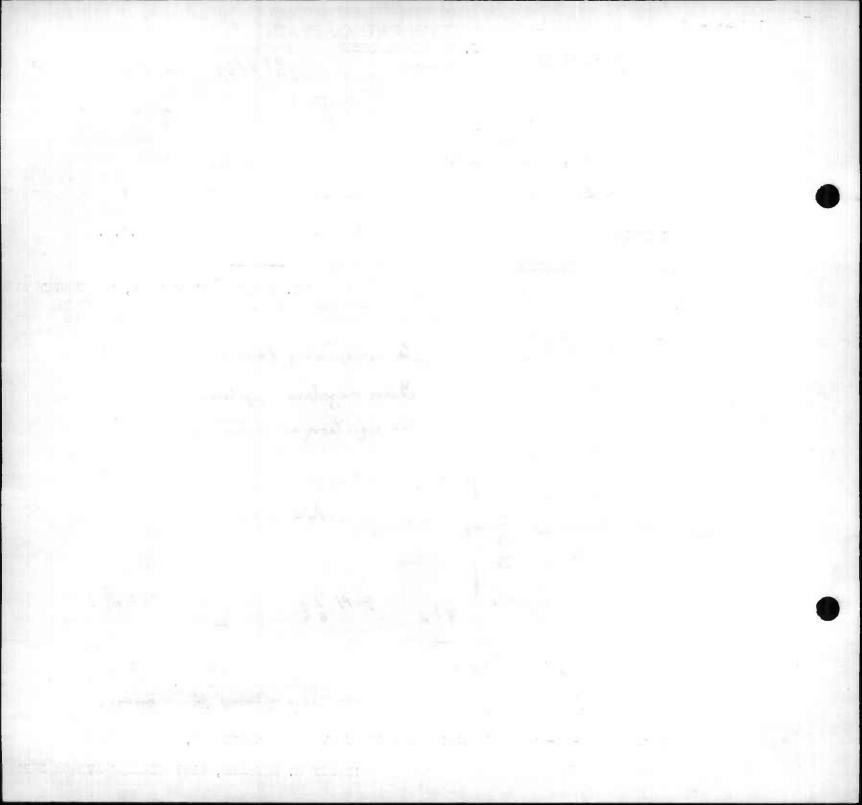
ADDRESS

25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAS

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

VS 150-REV. 171/65

NAME (Type)



Such

death.

prior

made regular

on the

attendance

a hospital

7				BALTIMORE CITY	HEALTH DEPARTMENT	*	100 00110
	TH NO.	06 09142		CERTIFICA	TE OF DEATHX	Registered Na	06 09142
1. N	IAME OF DECE	ETHEL	oMer I	FOWLER	-	HOUR OF DEATH	9:30m.
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND			A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
H	FULL NAME OF HOSPITAL OR NSTITUTION	oddress or location			Maryland c. city or town (If outside	de city limits, write R	URAL ond give township)
		Provident 1514 Divi	-		Riverdale,	rol, give location)	6-00
29	1	Baltimore			6309 51st Avien	nueng Home	
-	male	White	www.ide	owed (specify)	8-11-89	AGE (In years st birthdoy) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Months Min.
		IPATION (Give kind of work working lite, even if retired) 11e		BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (Stote or foreign Indiana	country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM				14. MOTHERS MAIDEN NAME Unknown		
(Yes	Was Deceased Ever in U. S. Armed Fore s, no or unknown) (If yes, give war or date: no		s of service) 16. SOCIAL SECURITY NO. 424-07-0985		Jessie Fowler Riverdale, Maryland		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.			Dehydral		INTERVAL BETWEEN ONSET AND DEATH	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
C	21 A. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. hom	PLACE OF INJURY (e.g., in e. farm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)

the above couse (A) stating UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEDIC (Month) (Doy) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Yeor) OF INJURY Not While While At (APPROX.) Al Work

and hour ond fram the couses stoted obave. (1) (We) (did) (did not) view the body after death. 23B. DATE SIGNED

24D. LOCATION

Attending Phys. Med. Director 23D. ADDRESS

9/3/66

September

.....ond that in(my) (our) apinian death occurred an the date

M.D. 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY or CREMATORY

(City, town, or county) Colmar Manor

19 66 to

(State) Md

25A, DATE REC'D BY HEALTH DEPT.

Dr. Amini

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Burial

REMOVAL (Specify)

25B. NAME OF REGISTRAR

Ft. Lincoln

25C. FUNERAL DIRECTOR

August 31,

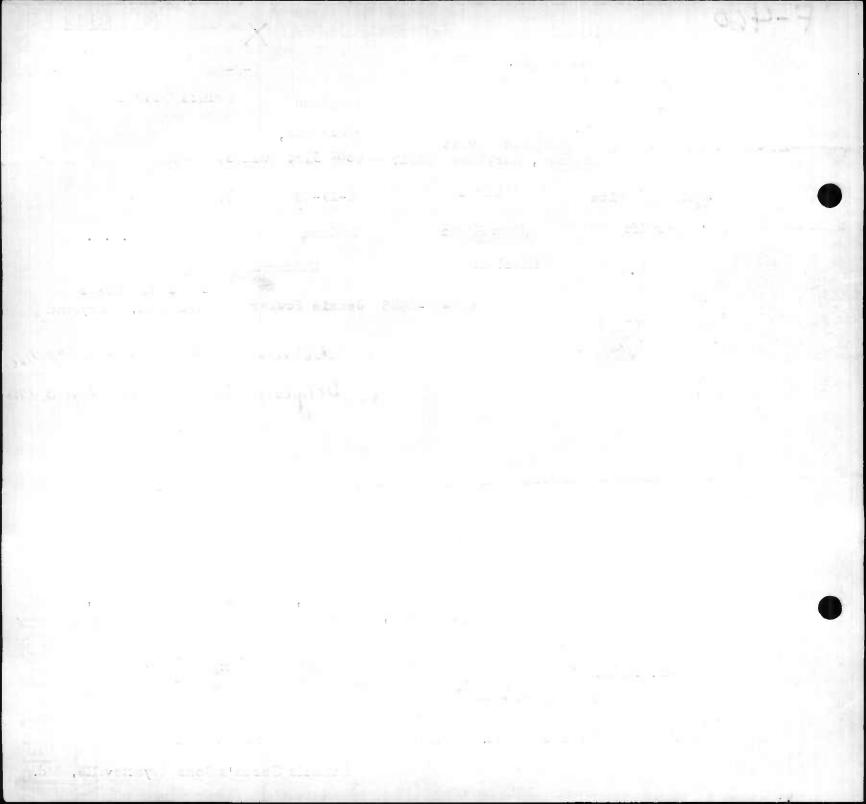
19 66

ADDRESS

9/8/66

22. I certify that (1) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on September 3,

Francis Gasch's Sons Hyattsville, Md.

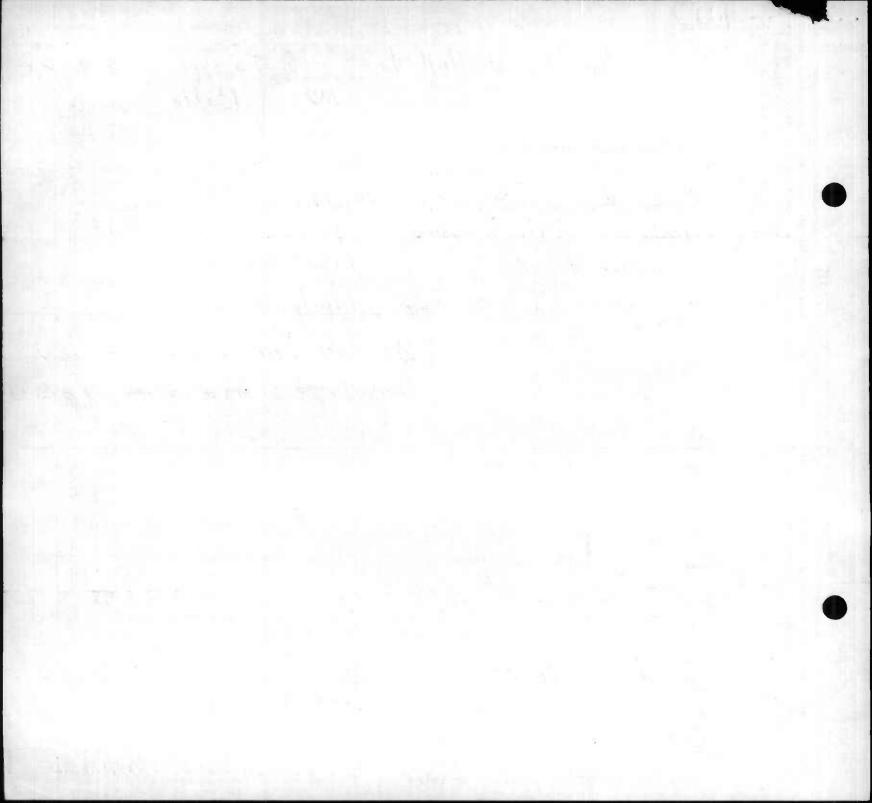


Articles, particular and the second s

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	20 00144	BALTIMORE CITY	HEALTH DEPARTMENT		66 09144
	TH NO. 66 09144 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 03144
1. N (Typ	PLACE OF DEATH IN BALTIMORE, MARYLAND	HAll JR	SIEjot	D HOUR OF DEATH 5 / 9 4 6 e deceased lived. If ins	stitution: residence before odmission)
F	FULL NAME OF (If not in hospitol or institution, give MOSPITAL OR oddress or location) NSTITUTION	street	A. STATE B, COUN C. CITY OF TOWN. (If gu	Side city limits, write R	URAL ond give township)
00	7764 OVERTAND HOE			Figh DRIVE	
5, \$	M MOOWED, DI	VORCED (specify)	Feb 19, 1431	9. AGE (In years lost bipbdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUT to during most of working life, even it refired)	EPHONE	11. BIRTHPLACE (Slove or forei		12. CITIZEN OF WHAT COUNTRY?
	HAMILTON W. HALL	**************************************	14. MOTHER'S MAIDEN NAME AND STATE ME	Cloup	ADDRESS
(Yes	Sing or unknown) (If yes, give wor or dotes of service) YES NORTHAM WAR 21	SOCIAL SECURITY NO.	FAMILY RE	Coreus.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	mehr Tue	1100 170 1/1	ONSET AND DEATH
	(This daes not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or camplication which coused death.)	DUETO	Fals's	Total LI	2 ' 7 1/1
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	DUE TO	y o profite to	Juni 1 C	mers grans
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFICATION	19.A. DATE OF OPERATION 19.B. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No	OB. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., in orm, foctory, street, of	n ar obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Battimore	City, give exact locotion)
MEDI	21D, TIME (Month) (Doy) (Yeor) (Hour) 21E, IN. OF INJURY (APPROX.) White A Work	Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attended the a	eceased from	950	19 ta 9-	5- 4/2 19
	that (I) (we) lost sow the deceased alive on		19ond the	ot in (my) (our) opin	nion death occurred on the date
	and hour and from the causes stated above. (1) (*)				
	23A. SIGNATURE		/		23B, DATE SIGNED
	C.W. Teupe	M.D. Atte	mding Med.	Staff Phys.	9-7-61
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	()	17
	CHAMENCE FEAKE	M.D.	4508 NAICH	ond 10	
	BURIAL GREMATION, 24B. DATE 24C. NAME BURIAL (Specify) 9-8-44 Bull	O NATIONAL	LEIM B	Ato MD	ly, town, or county) (State)
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	Fa. O. M.	250 FUNERAL DIRECTOR	+ JON 880	52 NARTOREN RD
VS	150-REV. 1/1/65	C. C. III	19146		



BIRTH NO. 66 09145 CERTIFICATE OF DEATH Registered No. 66 09145						
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH						
(Type or Print) voldsdein	Bernaid	9-9-46	11 7 A M.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed fived, If in: A. STATE B. COUNTY MARYLAN				
FULL NAME OF (If nat in hospitol or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outside city limits, write, R	MANHAMMANN COLFO			
SINAI HOSPITAL	4	D. STREET ADDRESS (If rurol, give locotion)	55-00			
7006 CONCORD ROAD #8 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.						
	WED, DIVORCED (specify)	JUNE 27, 1914 lost birthday 5	Months Doys Hours Min.			
done during most af warking life, even if retired)			WHAT COUNTRY?			
RETAIL 13. FATHER'S NAME	MERCHANT	BALTIMORE, MARYLAND	USA			
HYMAN GOLDSTEIN		LENA ZARENBOWITZ				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
NO		MRS. THERESA GOLDSTEIN, 70	106 CONCORD ROAD #8			
18. 420, 1 I	CAUSE O	F DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· Pa	america Occolusion	- 1000			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, efc. It means the disease,					
ANTECEDENT CAUSES	Malania de Commando					
DISEASES OR CONDITIONS, if any, give	DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stoting UNDERLYING CONDITION last.	fhe (C)	arrey are				
TO THE DEATH BUT NOT RELATED TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., r. hame, form, factary, street, o etc.)		City, give exact location)			
OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX)	While At Work Not While At Work					
22. 1 certify that (1) (this haspital) attended the deceased from 9 1960 to 9 9 196						
that (I) (we) last saw the deceased alive an						
and haur and from the causes stated above	e. (I) (We) (did) (didaw)	riew the bady after death.				
23A. SIGNATURE 23A. SIGNATURE M.O. Attending Med. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Ph						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
BURIAL 9/11/66	BALTIMORE HEBRE		MARYLAND			
SEP 12 1966 Rober	& E. Farley MA	SOL LEVINSON & BROS INC.				
VS 150-REV. 1/1/65			TO THE PARTY OF TH			

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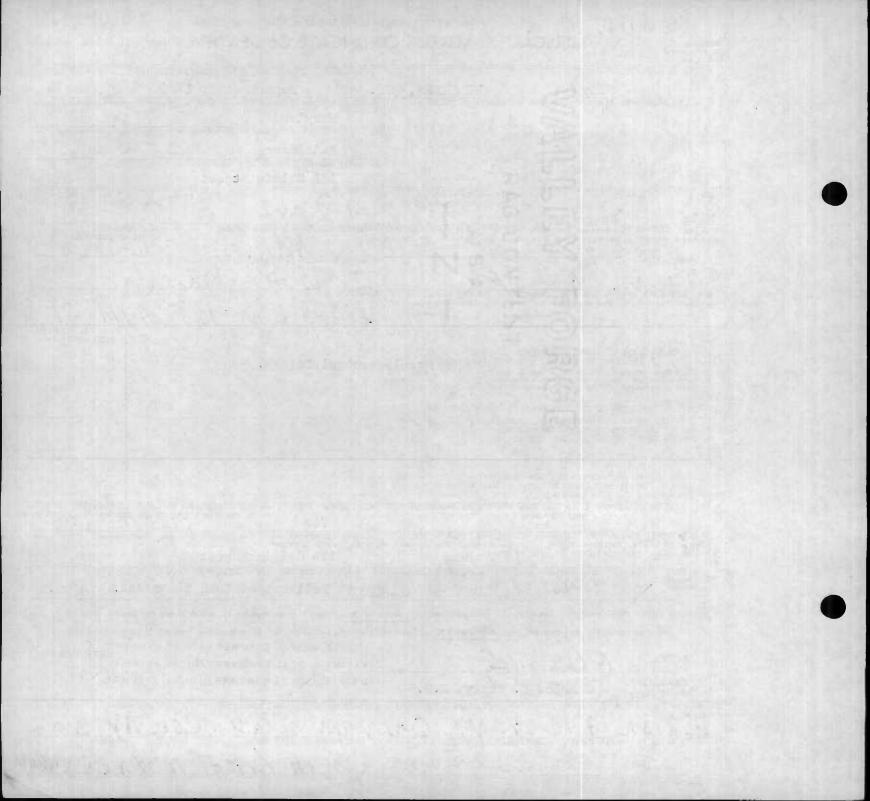
VS 150-REV. 1/1/65

	NORE CITY HEALTH DEPARTMENT
	TIFICATE OF DEATH Registered No. 00 001110
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) MRS. VALENSE BOS	55 ERT 9-6-66 19 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, It institution; residence before odmission)
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARY LAND
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN / (If outside city limits, write RURAL and give township)
24	BALTIMORE 29
	D. STREET ADDRESS (If rurol, give locotion)
BON SECOURS HOSPI	ITAL 98-5, COLLINS AVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	IED B. DATE OF BIRTH 1901 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
WIDOWED, DIVORCED (sp	1 5/21/19 65 Willing 1000
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
House Wife	MARYLAND U.S.A.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas KELLEV	MARY BRENNAN
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY	Nd. 98 S, Collins Ave.
	ChAR Dorothy Bossert
18.420.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Cicele Myocardial infarction
(This does not meon the mode of dying, e.g.,	UE TO
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	V
ANTECEDENT CAUSES (B))UE TO
DISEASES OR CONDITIONS, if ony, giving	UE TO
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE	
U 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATI	TION 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Sept. 3, 1966 Willsting obstre	in Certifying Causes of Death?
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	JURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner) etc.)	y, street, office bldg., INJURY OCCUR?
	URRED 21F. HOW DID INJURY OCCUR?
S OF INJURY	Not While
(APPROX.)	AI Work
22. I certify that (1) (this haspital) attended the deceased for	from aug. 31 1966 to Sept. 6 1966
that (1) (we) last saw the deceased alive an Sept. 6	6 19 6 and that in(my) (our) apinion death accurred on the date
	,, , , , , , , , , , , , , , , , , ,
and haur and from the causes stated above. (+) (We) (dtd) (d	(did not) view the body after death.
Calable C to Park	0 +
lea Te G. de / erre	M.D. Attending Med. Stoff Phys. Director Phys. 2
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type) ADOLFO G. DE PERIO	M.D. BON SECOURS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	TERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial Sept. 9, 1966 Balto. Na	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 12 1966 R. Bub E. Fail	G. Truman Schwab 3512 Frederick Ave. Balto. N

BALTIMORE CITY HEALTH DEPARTMENT

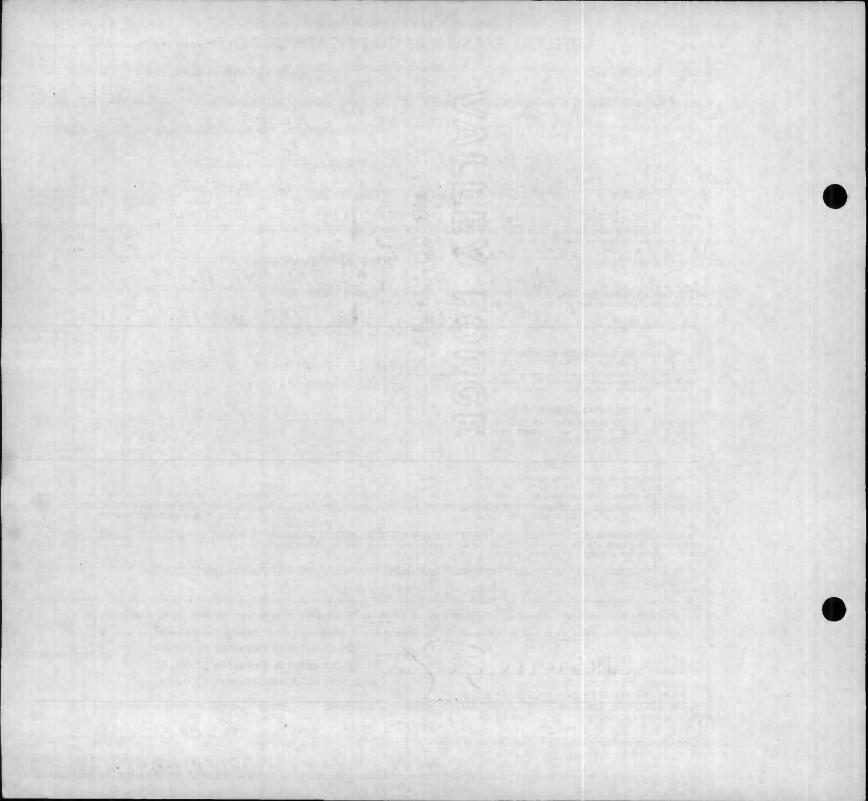
BALTIMERE DON SECOURS HOSPITAL 98-SCOLLING AVE W WIDE WELL 5/21/1910 166 MARYLAND Thomas KELLEY MARY BREIGHT ChART Come Mayor and I Cal Ap G de Pena

66 09147 BALTIMORE CITY HEALT	TH DEPARTMENT 66 U9147
MRTH NO. 62 - 2.3095 MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	r. September 7, 1966 2:20 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Church Home and Hospital	D. STREET ADDRESS (If rurol, give locotion) 125 Colvin Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Days, Haurs, Min.
Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	9-2-6x 4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS WILLIAMS	DOROTHY Redfern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na orunknown) (If yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	LOROTHY EVANS 125 COLYIN ST
18. E 1020 I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	cerebral Injury.
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED Yes
O UNDERLYING WOR CONTRIB- home, farm, factory, street, of	n or about 21C. WHERE DID (If in Boltimare City, give exact location) ffice bldg., INJURY OCCUR?
7	125 Colvin Street 5 - 02
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.) 9 7 66 P WHILE AT NOT WORK	Fell out of 10th floor apt. window.
22.	apsy 🔀 and that an this basis, death in my aplnian
resulted fram: Natural causes Addident X Suicide	
ACTUAL OL J	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Laules) / Elly M.D.	ASSISTANT MEDICAL EXAMINER \$ 9/8/66
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (State)
BURIAL 9-10-66 MT, CAL	VARY O. Q. COUNTY Md.
SEP 12 1968 Plat E. Fellyma	JOSEPH KNIGHT 16:39 N BAND ANG
VS 151-REV. 1/1/65	



VS 151-REV. 1/1/65

F-516	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.	48
9	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
	(Type or Print)		
	Doffies Funderdurk	9/9/66 12:20) p. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY	e admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give tow	vnship)
	IN STITUTION	Baltimore /) (0
		D. STREET ADDRESS (If rural, give location)	
	1704 Poplar Grove St.		
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1704 Poplar Grove St.	
	WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If U Months, Doys, Ho	urs Min.
	male colored MARRIES	9-17-14 \$ 52	
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY		
	done during most of working life, even if religed) Shappoint Policy	WHAT COUNTY	X.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	~
	LADATE TO LOUIS. OV	WILL MAD DID HOLDS	
	JAMES JUNESTICK	MINIMINIA KICHAO SON	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	VES WW 1, 4-21-44-249-05-7823	3 MRC BLACKARDON 1712 ELANV	ALEC
		SE OF DEATH INTERVAL	BETWEEN
	43/X 1		ND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH (This does not mean the mode of duing and (A) Ruptur	re of aorta due to idiopathic	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	stic medionecrosis	
	milety of complication which coused decimal		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
ACCULATE SALES	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
	Z (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
		20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	D
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?	
	218. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)	
	UTING CAUSE OF DEATH.	office bldg., NJURY OCCUR?	
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		WHILE	
		WORK L	
	22. I certify that I held an Inquiry Inspection Au	utapsy 🗴 and that an this bosis, death in my apinion	
	resulted fram: Natural causes X Accident Suicid		
	Accident Solicia		
	ACTUAL Me al	CHIEF MEDICAL EXAMINER DATE	SIGNED
	SIGNATURE ACTION - COM M.D	D. ASSISTANT MEDICAL EXAMINER I	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/9/66	
	NAME (Type) Werner U. Spitz, M.D.		
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	ar CREMATORY 23D. LOCATION (City, tawn, ar county)	(Stote)
	REMOVAL (Specify) 9-13-106 GADJEN ET	HOPE INC. FINKS BURG- Md.	
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	THOPE INC. HINES BURG- MA	
	12 1966 Pale Recording to 1966 Pale & Farley M.	JOSEPH KNIGHT 1839 N. B.	n. 1.
	The state of a deception	NONEYH KN ILMI 1007 NIN	rood No





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35			6 091	50	CEI	RTIFICA	TE OF D	EATH	Registered N	·- CG (9150
Such	1. N	E CASE NO.	_						ND HOUR OF DEAT		2120
	(Typ	pe or Print)	RYSTAC	MAUDE	= ARNO			SEP	T 6,00	366	dence before odmission)
ea†⊓.	3. F	PLACE OF DEA	TH IN BALTIA	ORE, MARYLAND			4. USUAL RESI	B. COU	ere deceased lived. I	institution: resi	dence before odmission)
000	FULL NAME OF (If not in hospital or institution, give street			MD.	841	TIMARE	2	5-03			
₽ .	HOSPITAL OR oddress or location) INSTITUTION THE UNION MEMORIAL HOSPITAL			C. CITY OR TO	WN (If or	TIMORE Otside city limits, wri	te RURAL ond	give township)			
	17	HE UNI	ON ME	MORIAL I	4851111 AL		BAUTI	40RE			
prior e.	3	BRN AN	CALL	ERT ST,	BALTIMO	RE, MI	D. STREET ADI	DRESS (IF	rural, give location)		
de.							6-100 8. DATE OF BIR	Unac		AD	
	5. \$	-	6. RACE	WID	RIED, NEVER MA			4	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 Hrs. ays Hours Min.
deceased tion is ma		TEMALE		kind of work 10B, KIN	DEXUED	OR MIDUSTRY	08/18/	75	91	Do elete	1 0 0
900		e during most of			OF BUSINESS	.1	II. BIRIHPLACI	(Stote or tore	eign country)	12. CITIZE	COUNTRY?
ĕ <u>÷</u>		House	WITTE		E AT	HOME.	GREAT	BRIT	TAIN	AME	CICAN CITIZEN
the dec	13.	FATHER'S NAM	ΛE				14. MOTHER'S	MAIDEN NA	ME		
n t disp		LINKHOU Wos Deceased	NO				INKNOU	IN			
0_	15. Yes	Wos Deceased s, no or unknown	Ever in U. S.	Armed Forces? wor or dotes of serv	ice) 1 6. SOCIAL		17. INFORMAN	T		A	DDRESS
final		No			No		Mrs. Ge	. W.	Gerrell, 5	107 Oakl	awn Road
attendance med or fina		1B. 2 0 4	VI		1	CAUSE O	1			IN	TERVAL BETWEEN
d d		DISEA		ITION DIRECTLY		1	0				ASEI AND DEATH
med		(This door o	LEADING TO	made of dying,		(A) A	ентъ Сн	OLECYST	ITIS		2 days
		heart failure,	asthenia, etc.	It means the dise		DOE 10					
gular embali				ch caused death.)		(B)					
re e			ANTECEDENT			DUE TO			************************************		
_				DNS, if any, gi use (A) staling		(C)					
.= <u>s</u>			CONDITION			/					
was ii mains	7		- 11								
	ATIO	TO THE D	EATH BUT	DITIONS CONTRIBU							
physician fore the re			OPERATION C	198. CONDITION	OR WHICH OPE	RATION	20 A. AUTOP	SY? (Yes or N	o) 20B. IF YES, WE	RE FINDINGS C	ONSIDERED
ysi e †	ERTIFIC	0		WAS PERFORMED			NO		IN CERTIFYING	CAUSES OF DE	ATH?
No phy before	CE	21 A. ACCIDE	NT WAS UND	ERLYING	218. PLACE OF	INJURY (e.g., i	n or obout 21 C. V ffice bldg., INJUR	HERE DID	(If in Boltin	nore City, give	exact location)
No be	CAL		medical exam		etc.)	nory, sireet, o	mice blag., INJOR	occok:			
2 P	ED	21 D. TIME	(Month) (Do	y) (Yeor) (Hour)	21 E. INJURY O	CCURRED	21 F. H	OW DID IN	JURY OCCUR?		
and (6) No obtained	ξ	OF INJURY (APPROX.)			While At	Not Whi					
ota ota		22 contify	4ho4 (1) (4hia	hospital) attend					10 44	<-n-	6 19 66.
											occurred on the date
주 교						-				ibinion death	occurred on the date
death), must be		23A. SIGNATU		uses stated abov	'e. (Ι) (πe) (did	(did not)	view the body	offer deoth.		23B, DATE	SIGNED
D E			am	P1_	P	M.D. Att.	ending	Med. Director	Stoff Phys.	SEAT	6'66

GEORGE FINNEY, 23C. PHYSICIAN'S NAME (Type) JR. YORK ROAD, BAL TIMORE, 21212 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 9/9/66 Lorraine Cemetery Baltimore, Md. 25B. NAME OF REGISTRAR HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Howard Strong, 3207 W. North Ave. VS 150-REV. 1/1/65

E E ELLEY A. 5"C V. CHE, THE LONG

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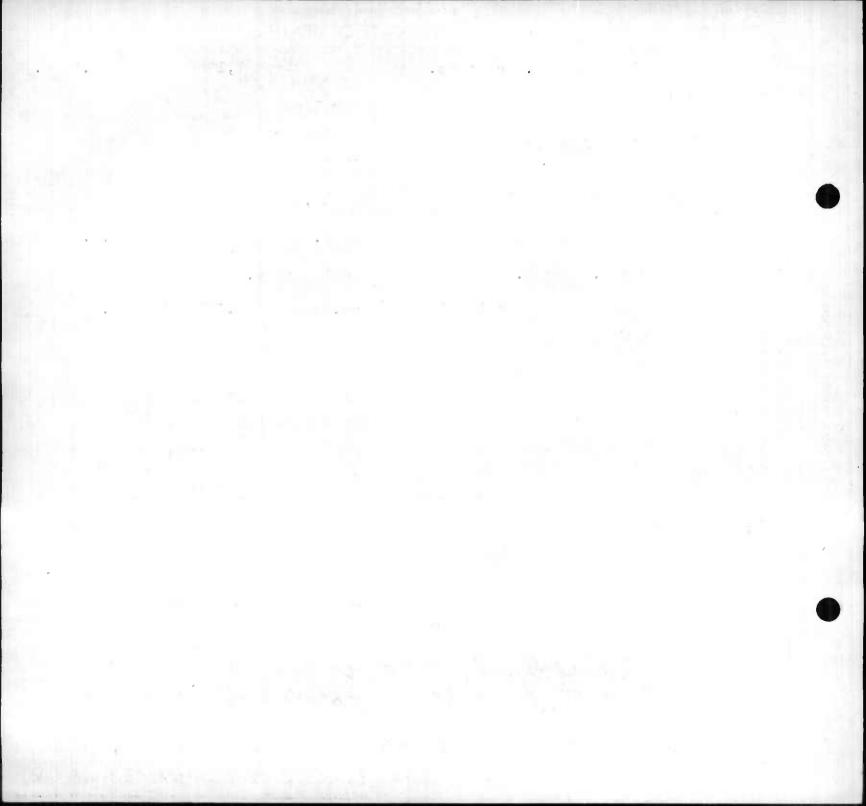
prior to death.

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HEALTH DEPARTMENT

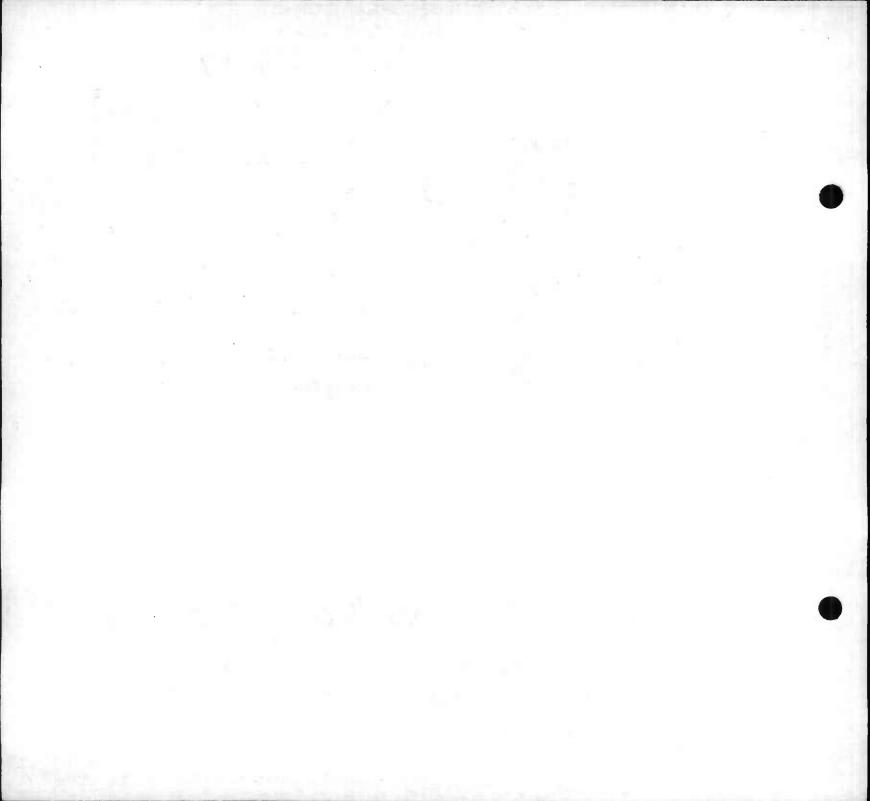
GG 119151

M.E. CASE NO.	ICATE OF DEATH		00 00101
1, NAME OF DECEASED (Type or Print)		HOUR OF DEATH	
Louise B. Mc Gehee.	Sept	7,1966	6.30 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institution	n: residence before odmissi
FULL NAME OF (If not in hospital or institution, give street	Maryland	/ -	,-0/
HOSPITAL OR oddress or location) INSTITUTION		de city limits, write RURAL	ond give township)
	Baltimore		
3713 Elm Ave	D. STREET ADDRESS (If rue	ol, give location)	
00	3713 Elm Ave	<u> </u>	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH 9.	AGE (In years If U st birthdoy) Mont	nder 1 Yr. If Under 24 ths Doys Hours Mir
Female White Widow	Oct 14,1889	76	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign	country) 12. (CITIZEN OF
one during most of working life, even if retired)		'	WHAT COUNTRY?
Housewife 3. FATHERS NAME	Va.		U.S.
PLAINER 3 MAME	14. MOTHER'S MAIDEN NAM	1	
Thomas M. Benson. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Annie Nehms.		
(es,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.			ADDRESS
		מ סקדם דיין	A 770
	015 Mrs. Wade Davi	.s.)(1) EIM	INTERVAL BETWEEN
4 20 CONDITION SITES IN	(a)	LULU:	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cition sdaws		
(This does not mean the mode of dying, e.g., DUE	го		***********************************
heart failure, asthenia, etc. It means the disease,	2 2		
ANTECEDENT CALLES	Certain solaros	Pic	
ANTECEDENT CAUSES (B) DUE	10		annerth tri rig an aman apangan ann an tri tri tri tri tri an ann an andrerth 10 10 10
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)	(V- Deson	2	
UNDERLYING CONDITION lost.		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ris 88 60 64 64 64 66 64 64 64 64 64 64 64 64 64
ll l	4		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Tember		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	xumy		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	IGS CONSIDERED
		JENNIHAG CAUSES (- VLAIII.
U 21% ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(le.g., in or obout 21 C. WHERE DID reet, office bldg., INJURY OCCUR?	(If in Boltimore City.	give exact location)
DEATH (notify medical examiner) etc.)	Jan State St		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?	
▼ OF INJURY (APPROX) While At □ No	ot While		
	Work	1	77
22. I certify that (1) (this hospital) attended the degeased from	19	60 to Sext	- 1/7 196
that (1) (we) lost sow the deceased olive on	07/7 1966 ond that	in (my) (our) apinion o	leath accurred on the
and hour and from the causes stated above. (1) (We) (did) (did	nat) view the body after death.		
23A. SIGNATURE)		23B.	DATE SIGNED
Alla Allaga Valare . Pa M.E	D. Attending Med. S	off	
23C. PHYSICIKM'S	Phys. Director P	nys.	
NAME (Type) AN D R. (2)	rellandart	RD 190%	12 x1
11 Phul Dyelly	M.D. SERVE	- Care	0 - 110
4A. BURIAL CREMATION, 24B. DATE 240. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY 24D. LOS	ATION (City, tow	rn, or county) (Sto
1 111	~~7	Th	77 3/12
Burial 9/10/66 New Cathed	25C. FUNERAL DIRECTOR	Frederick	ADDRESS
AC A A 700	(1. + 18 X	7 3018	
	1 /// \/ / / \/ / / / / / / / / / / / /		- mer 10 H / 1 1 . 1



VS 150-REV. 1/1/6 2

-		00 00450	BALTIMORE CITY HEALTH DEPARTM	MENT	00 00450
5 9	1	TH NO. 66 U9152	CERTIFICATE OF DEA	TH Registered No.	66 09152
	1, N	NAME OF DECEASED // QZZQZO ROSO	16.0	DATE AND HOUR OF DEATH	2 0 np.
	3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	CE (Where deceased lived, If institut B. COUNTY	ian: residence before admission)
	1	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or location)		Odtina (If outside city limits, write RURA	L and give township)
	'	Sinai Hospita		ltinore	and give its internal
. 6	4	2 SINUA TIOSPITO	D. STREET ADDRESS	35 N. Chester S	t. #31
made.	5. S		DIVORCED (specify) 1 ance 3 / 26	9. AGE (In years If Man Man) Man	Under 1 Yr. If Under 24 Hrs.
rion is		N. USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (SIGN	te or foreign country	CITIZEN OF WHAT COUNTRY?
disposition	137	FATHER'S NAME	14. MOTHER'S MAII	DEN NAME	
	15. Yes	Was Deceased Ever in U. S. Armed Jorces? s,na ar unknawn) (If yes, give wor or dates of service)	6. SOCIAL 17. INFORMANT SECURITY NO.	u suo	ADDRESS
final			- Bestrice	U. H. Vazzana	33 Chester St
o p		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
balmed		LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Cardiac	arrest	
empa		heort failure, asthenia, etc. It meons the disease, injury ar camplication which caused death.)	arrhytsn	ia (supravent tack	(ardic)
6)		DISEASES OR CONDITIONS, if ony, giving	DUE TO		***************************************
ns ar		rise to the above cause (A) stoting the UNDERLYING CONDITION last.			
the remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
e the	ERTIFIC.	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION 20 A. AUTOPSY? (Y	(es at Na) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
before	AL C	2TA. ACCIDENT WAS UNDERLYING 21 B. I hame etc.)	LACE OF INJURY (e.g., in ar about 21 C. WHER, farm, factory, street, affice bldg., INJURY OC	E DID (If in Baltimare Cit CCUR?	y, give exact location)
ained	MEDIC	OF INJURY	e At Not While	DID INJURY OCCUR?	
obta		22. I certify that (I) (this haspital) attended the	e deceased from 9/8	19 6 ta 9	19 66,
pe		that (1) (tye) last saw the deceased alive an			death accurred an the date
must		and haur and from the causes stated above. (1)	(me) (did) (did nat) view the bady after		, DATE SIGNED
<u>a</u>		(10 ()) (Coc.	M.D. Attending Med. Direct		9-9-66
pprov		23C. PHYSICIAMS NAME (Type) P. I. KI	VON M.D. Sind	i Hospital	
0	24A	A. BURIAL CREMATION. 24B. DATE 24C. NA.	ME OF CEMETERY OF CREMATORY	24D. LOCATION (City, Co	wn, ar caunty) (State)
ritten	25A	A. DATE REC'D BY HEALTH DEPT 25B. NAME OF	REGISTRAR 25G FUNERAL D	DIRECTOR 20	24 ADDRESS
3			o 20 0 Stulp	Herry sons	Cilians DT



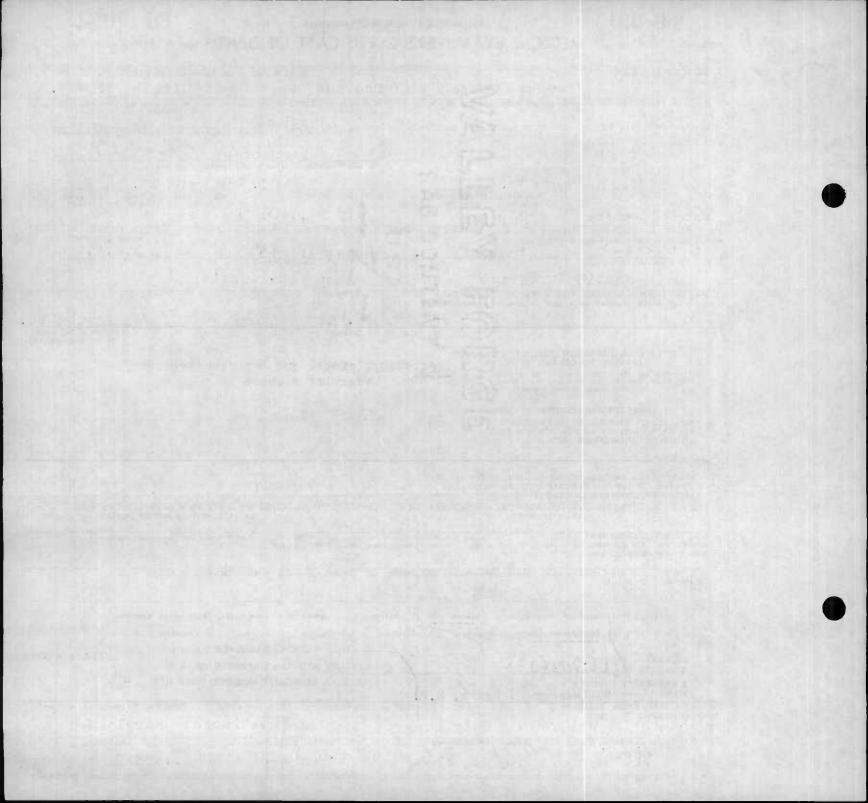
E CASE NO. VAME OF DECEASED pe or Print)	CATE OF DEATH Registered No. 66 U9153
E CASE NO. VAME OF DECEASED pe or Print)	
pe or Print)	2. DATE AND HOUR OF DEATH
	9-7-66 1:30 +
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence belgre gamis
The state of the s	A. STATE B. COUNTY Balto
FULL NAME OF (If not in hospital ar institution, give street	2622 FLAGSHIP ROAD (22) DUNDALK
HOSPITAL OR oddress or location) INSTITUTION	C. CITY QR_TOWN (If autside city limits, write RURAL and give township)
Church Home + HOSPITAL	Martimore MD 53-00
THAICH HOME + HOSBILAT	D. STREET ADDRESS (If rurol, give location)
	26 FLAGSHIP RD.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	
Quanta White WIDOWED, DIVORCED (specify)	
eviace	1/1/06 5hs.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST ne during most of working lile, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BAUTI MORE MO
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TOTHER A MOUTE	
JAMES A. KNOTTS	CECELIA GLASS
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es, no ar unknown) (If yes, give war or dotes of service) SECURITY NO.	1. 11 12 21 -11 21
100	JAMES A. KNOTTS 26 FLAGSHIP.
18. 762 0 1 CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/ ONSET AND STATE
LEADING TO DEATH	whaciamal blumbage and
(This does not mean the mode of dying, e.g., DUE TO	a la la companya
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Ces heal anoxea Strauderine anoxea
ANTECEDENT CALIFES (B)	Granderene anoxia
ANTECEDENT CAUSES (B) VEL DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street,	e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
DEATH (notily medical examiner) etc.)	M
21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	While
White As - New Y	
	work —
(APPROX.) While At Work Not V	
(APPROX.) While At Work At W 22. I certify that (I) (this haspital) attended the deceased from	Sept 7 19 66 10 Sept 7 196
(APPROX.) While At Work At W 22. I certify that (I) (this haspital) attended the deceased from	
(APPROX.) While At Work At W 22. I certify that (I) (this haspital) attended the deceased from	Sept 7 19 66 to Sept 7 19 67 7 19 67 7 19 68 ond that in (my) (our) opinion death occurred on the
(APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on the control of the	Sept 7 19 66 to Sept 7 19 67 7 19 67 7 19 68 ond that in (my) (our) opinion death occurred on the
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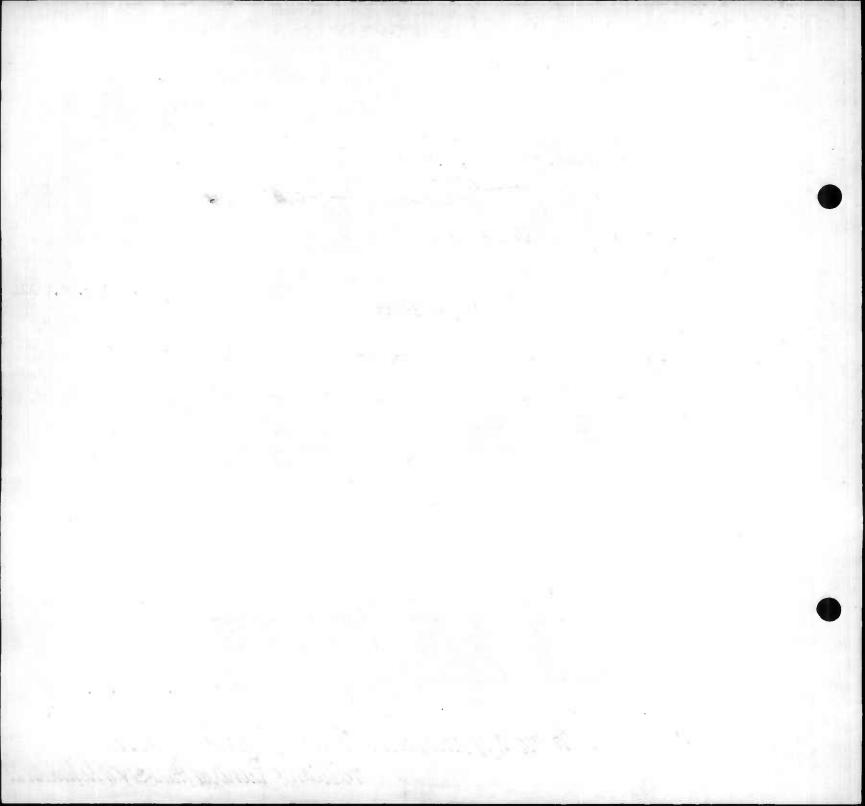
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63	A CONTRACTOR	
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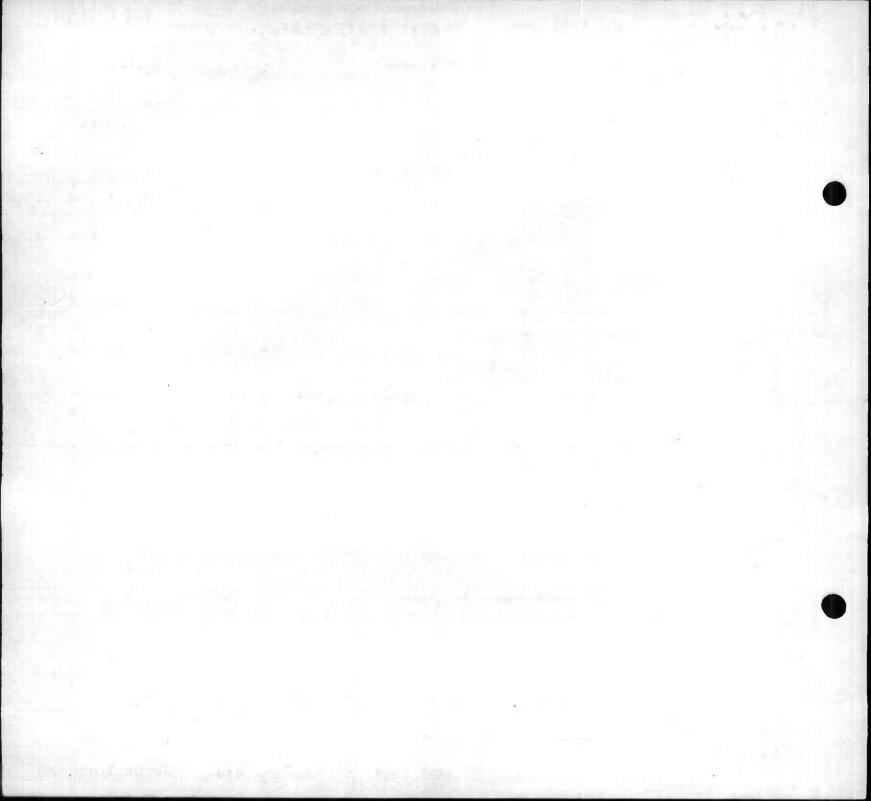
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BIRTH NO.	MEDI		(AMINER'S CI		E OF D	EATH Register	red Na
M.E. CASE NO.							
1. NAME OF DE		eorge	Yursavage (Yu		DATE AND	HOUR PRONOUNCE	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDEN	NCE (Whore d	oceosed lived. If insti	tution: residence before odmissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET		yland (If outside	corporate limits, write	RURAL and give township)
				D. STREET ADDRE	Saltimo SS (If rurol,		01
00	1926 Alicean	na St.			243 S.	Washington	St.
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
male	white	Marr	ied	July 23,		62	
	UPATION (Give kind of worldworking life, even if retired)		BUSINESS OR INDUSTRY			country)	12. CITIZEN OF WHAT COUNTRY?
Ship Ce		Steam	ship Co.	Pennsylv	Vania		U.S.A.
	Martin Yu	rcavag	е	Anna I		wski	
	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	yes, give were or dolo		02-09-2584	Mrs.Marv	Benvo	ck. 243 S.	Washington S
1B. /	/2V.			OF DEATH	DOILYO	OH, L.J. O.	INTERVAL BETWEEN
DISEASES RISE TO THE SIGN OF T	e, osthenio, etc. It moons implication which coused antecendent cause or conditions, if a second couse (a) s' ng condition last. II conficant conditions death but not red condition causing caus	CONTRIBUTI	'HE	vascular			
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	no		N CERTIFYING CAUS	
UTING CAL	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	home otc.)	PLACE OF INJURY (o.g., form, foctory, stroot, o	ffice bldg., INJURY	OCCUR?		o exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yoo	,	WHILE AT NOT AT W	WHILE	W DID INJU	RY OCCUR?	
	tify that I held an I		Inspection X Aut			s basis, death in m	
ACTUA		esh.	Accident Sylicid	CHIEF MEI	DICAL EX	AMINER _	DATE SIGNED
SIGNAT EXAMII NAME (NER'S (Type) Wern		pitz, M.D	ASSOCIATE ME	DICAL EX	AMINER [9/9/66
23A. BURIAL CRI REMOVAL (Special	fv)		C. NAME OF CEMETERY				Xo XnX oX county) (Stote)
Burial	9/12/	00	Holy Rosary		Dal	criiore,	Maryland
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL			ADDRESS

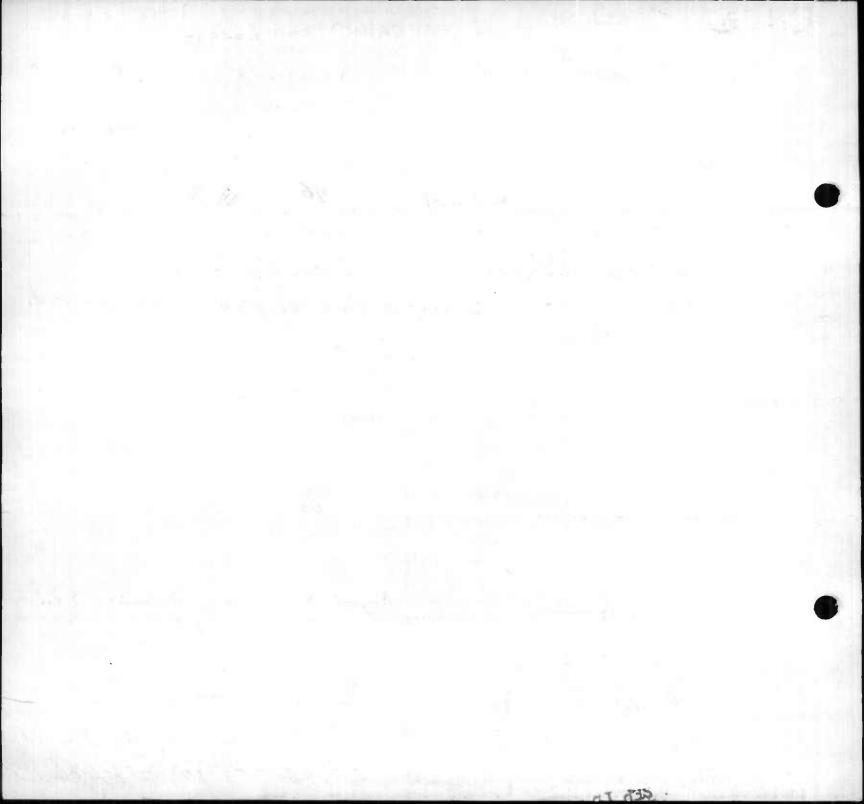




Chestertown, mg.	BALTIMORE CITY	HEALTH DEPARTMENT	66 110150
MRTH NO. 66 09156	CERTIFICA	TE OF DEATH X Register	red Na. 00 03100
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH
(Type or Print) Francis Horber	t Murph	0 + 1	1 191 M TO D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	110191		ved. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, g	ive sheet	md. Queene	Anne Co.
HOSPITAL OR oddress or location) INSTITUTION			ts, write RURAL and give township)
University Hos	Polal	Church Hill	67-00
0 14 00%	1301	D. STREET ADDRESS (If rurol, give loc	otion)
38 Barto., VILL 2	1201		
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In ye lost birthday)	eors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
	married	5-8-00 7370	and it was a second and a second a second and a second an
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF dane during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	-	md.	V.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Francis Murphy		Ludia Dost	15
15. Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMAN	ADDES9 6
(Yes, no or unknown) (Iff yes, give wor or dates on service)	SECURITY NO.	hospital record	Las band Gran
118.	CAUSE O		INTERVAL BETWEEN
1021	CAUSE O	P DEATH O	ONSET AND DEATH ST
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	bea	in stem herniat.	in 5 days
(This does not mean the mode of dying, e.g.,	DUE TO	in stein normal	l Da
heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	\\.	11	1 1
ANTECEDENT CAUSES	(B) hud	receptalus (non-co	minum 4 months
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the above cause (A) stating the	(C)		* * * * * * * * * * * * * * * * * * *
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	VHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES	S. WERE FINDINGS CONSIDERED
ED 1 a WAS PERFORMED	1	Y CERTIFY	TING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF hom etc.)		ffice btdg., INJURY OCCUR?	
0	INJURY OCCURRED	21F. HOW DID INJURY OCCUR	2
S OF INJURY	le At The Not While		
(APPROX.) Wor			
22. I certify that (1) (this hospital) attended th	ne deceased fram	Sept 4 1906 to	Jep. 10 1966
that (1) (we) last sow the deceased alive an	Sept 6	19 0 and that in (my)	our) aplinan deoth accurred on the date
and have and from the causes stated above. (I) (We) (drd) (did nat) v	riew the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Franklin 9. Johns	M.D. Att	s. Med. Sloff Phys.	Scot 6 lain
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Franklin O. Jo	hnson M.D.	H Firmall	latera
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 9-8-66 Gre	eensboro	Greensb	one Manuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR	oro, Maryland
400	c 0 7.0	O E B O 1	
SEP 12 1966 (P.O.)	FE TO VEUR	1 - 61 Howard	Greensboro, Md



	66 09157	BALTIMORE CITY	HEALTH DEPARTMENT		66 09157
BIRTH I	NO.	CERTIFICA	TE OF DEATH	Registered No.	00 03127
1.NAM (Type a	Washington Robin	son	9/	THOUR OF DEATH	10:30 Am.
FULI	L NAME OF (If not in hospital or institution) TITUTION Lather of Cran Hospital TOSpit		A. STATE B. COUNTY OF ANY OF THE OWN (HE OWN CHE OWN)	NTY	RURAL and give township)
46			201-74	Ave	
5. SEX	le White WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	SUAL OCCUPATION (Give kind of work) 10B. KINE tring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Calvert Co,	ign country) Md.	12, CITIZEN OF WHAT COUNTRY?
	Oliver Robinso		Jusan J	tafford	
	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 218-14-4753	Ellis Robin	nson a	Tolomons, Md.
1B.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	V A	1.	INTERVAL BETWEEN ONSET AND DEATH
he	his does not meon the mode of dying, cort failure, asthenia, etc. It means the dise jury or complication which caused deoth.) ANTECEDENT CAUSES	e.g., DUE TO	teriosclaratic	Cardiovages	JAG
ris	ISEASES OR CONDITIONS, if any, give to the above cause (A) stating NDERLYING CONDITION last.	ving //	Flace		
E TC	### THER SIGNIFICANT CONDITIONS CONTRIBU THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.				
ERTIFIC.	A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF ATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimar	e City, give exact location)
211 OF	D. TIME (Month) (Doy) (Yeor) (Hour) FINJURY PPROX.)	21E, INJURY OCCURRED While At Nat While Wark Nat Work	21F. HOW DID IN	JURY OCCUR?	
the	. I certify that (1) (this haspital) attend at (1) (we) last saw the deceased alive ad haur and from the causes stated abov	on September	7 19 6 and th	hat in (my) (our) p	pflmfslv 7 19 66 inian death accurred an the date
23/	A. SIGNATURE Notes & Machine	M.D. Atte	ending Med. Director	Stoff Phys.	23B. DATE SIGNED
	C. PHYSICIAMS NAME (Type) OBE-FC. R/ackme) h M.D.	Loth evan	Hospita	1
24A. B	URIAL CREMATION, 248. DATE 24 EMOVAL (Specify) Sept. 10, 1966 ATE REC'D BY HEALTH DEPT. 258. NA	Solomons Meth	24D.	Jolomono	Story, town, or county) (Store) Calvestla, Md, ADDRESS
W	Jarev. SER 12 19856	COCK TO COLOR	A.A. Hersing	554 Son	Bt Republic, Mi



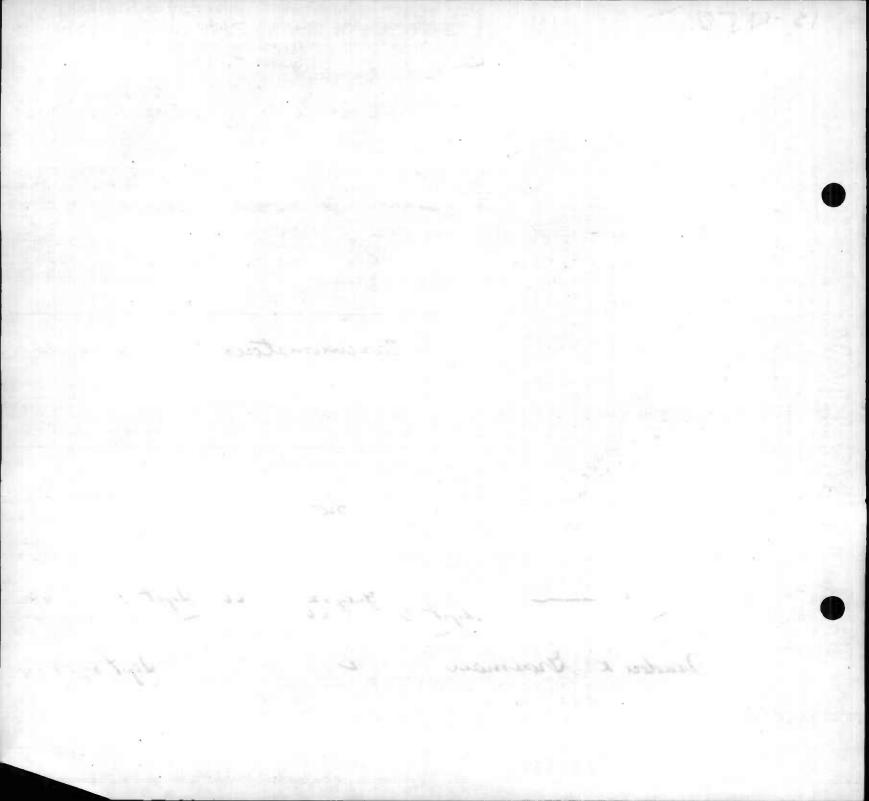
ин No. 66 U9158	CERTIFICA	TE OF DEATH Regis	stered No. 66 09158
NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
ype or Print) CHARLES A.	BLOM	Sept. 7,	1966 4 a.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceose A, STATE B. COUNTY	ed lived. If institution: residence before admiss
FULL NAME OF (If not in hospital or institution oddress or location)	i, give street	Md. C. CITY OR TOWN (If outside city I	limits, write BURAL and aire towardin
INSTITUTION		Baltimore	minis, while KOKAL one give is wiship
702 N. Belnord Ave.,		D. STREET ADDRESS (If rurol, give	location)
Baltimore, Md.	21205	702 N. Bel	nord Ave.
WIDEW	D, NEVER XXXIIIED TO XXIVOICED (specify)	B. DATE OF BIRTH 9. AGE (In lost birthde 60	oy) Months Doys Hours Mi
A. USUAL OCCUPATION (Give kind of work 108. KIND			12. CITIZEN OF
one during most of working lite, even if retired) Sout.of Guard-Eastern St	ainless Stee	1 Charleston, S.	WHAT COUNTRY?
B. FATHER'S NAME	CITIE COO O LEE	14. MOTHER'S MAIDEN NAME	· .
Charles A. Blom		Sarah I. Sm	nith
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT	ADDRESS
no	SECURITY NO.	Lillian Graff Bl	om, wife, above
18. 1992	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	- 2		ONSET AND DEATH
LEADING TO DEATH	Co	12 11 11 12 11 11	A H.
	(A)	vicinomatoris	2 monus
(This does not mean the made of dying, e.g.	DUE TO	occurem acous	2 monus
	DUE TO	ve con our acous	2 monus
(This does not mean the made of dying, e.g. heart failure, asthenia, etc. 11 means the diseas	DUE TO	o e con o m acores	2 monus
(This does not meon the made of dying, e.g. heart failure, asthenio, etc. II meons the diseos injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givin	(B)		
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Burial 9/10/66 Baltimore Cemetery Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SCHIMUNEK FUNERAL HOME, Inc.

VS 150-REV. 1/1/65



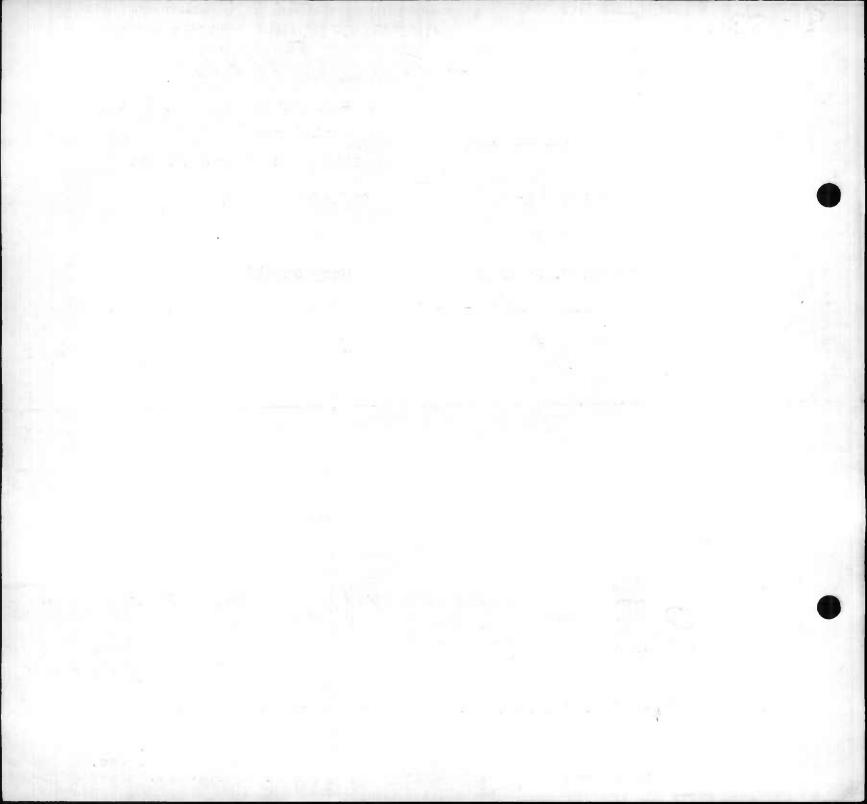
a hospital and

	BALTIMORE CITY HEALTH DEPARTMENT					
350	MRTH NO. 66 09159 CERTIFIC	CATE OF DEATH Registered No. 66 09159				
Such	I. NAME OF DECEASED	2. OATE AND HOUR OF DEATH				
h.	(Type or Print) Santola 3. PLACE OF DEATH IN BALTIMORE MARYLAND	9/8/64 12 -M.				
	S. FEACE OF STATE IN BALLIMORS, MARITARD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
attendance rior to deat	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) INSTITUTION	B Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1	Mho Tohna Honkina Hoambal	Baltimore D. STREET ADDRESS (If rurol, give location)				
prior	The Johns Hopkins Hospital	2828 East Madison Street				
0 0	5. SEX 6. RACE MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. OATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.				
ased ased s ma	Male White Married	08/14/93 73				
	tOA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST done during most of working lite, even if retired)	TRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY?				
70 :=	Telegrapher B & O R R	Baltimore, Md.				
was the posit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
on on dis	Joseph W. Santora 15. Wes Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	Mary Stehlik 17. INFORMANT AOORESS				
death ce on nai d	(Yes, no ar unknown) (If yes, give war ar dotes af service) SECURITY NO.					
		Hilda Kaisler Santora, wife, above				
nced enda d or	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) CAUSE OF DEATH (A) CUA and Junear DUE TO						
ar	hearl failure, asthenia, etc. It meons the disease,					
0 60 6	ANTECEDENT CAUSES (B)					
wh re	DISEASES OR CONDITIONS, if ony, giving					
ise to the obave cause (A) stating the (C)						
hysicial In was remains						
physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
sici the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
- 4-	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?				
ot where (6) No ph ned before	DEATH (natify medical examiner) etc.)					
- a		21F. HOW DID INJURY OCCUR?				
XED	22. I certify that (I) (this hospital) attended the deceased from	9/6, 1966 10 9/8 1966.				
); e	that (I) we) last saw the deceased alive on 9/P	19 (G. and that in (my) (our) apinian death accurred on the date				
spital (eleath);	and hour and from the couses stated obove (1) (Wer (did) did no					
hospital (e o death); c I must be o	23A. SIGNATURE	23B. DATE SIGNED				
	Much	Attending Med. Stoff Phys. P 9/8/64				
was D.O.A. at a deceased prior t written approva	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS				
A p	Richard J. Owellen, MD. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 1240. LOCATION (City, town, or county) (Stote)				
D.O.A. pased puten app	REMOVAL (Specify)					
ocec ritte	Burial 9/12/66 Holy Redeeme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
3 p 3	SEP 12 1966 (D. P. C. C. STA. D. M.	Schimunek Funeral Home, Inc.				

Cemetery Baltimore, Md
25C. FUNERAL DIRECTOR
Schimunek Funeral Home
2601 E. Madison St.

Burial 9/12/66 Holy Redeemer 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR SEP 12 1966 P. D. & Calletta

VS 150-REV. 1/1/65



10	00 00100	BALTIMORE	CITY HEALTH DEPARTMENT		66 09160	200
	TH NO. 466 DE 150	, CERTIFIC	CATE OF DEATH	Registered No.	00 (310()	
1.1	E. CASE NO. IAME OF DECEASED pe or Printl		2. DATE A	ND HOUR OF DEATH	Po	
	PLACE OF DEATH IN BALTIMORE, MA	ugnel	q_	6-66	X:30	M.
3.	PLACE OF DEATH IN BALLIMARE, MA	KILAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	NTY	stitution: residence before admi:	S S10 n)
	HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If o	utaida aitu limita uuita l	TITT	
11	NSTITUTION		ELCELLANT	Tiside Chy limits, while i	52.00	
	Tohus Hopkins	s Hospital	D. STREET ADDRESS (I	frural, give location)		
3	3		RT H Box	1624 Ed	gewater 1	79
5. :	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours M	4 Hrs.
7	USUAL OCCUPATION (Give kind of work	TIAR KIND OF BUSINESS OF INDU	11-13-63	eign country)	107	
	e during most of warking lite, even if retired)	A TOO. KIND OF BOSINESS OK INDO		4	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		MARYLA	ME	1010+	
	LEON MATTHEWS			DINE FOOTE		
15.	Wos Deceased Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT	DINE FOOTE	ADDRESS	
(Ye	s, no or unknown) (II yes, give wor or date	es of service) SECURITY NO.	Margallin	nesta Em	De sure to m	110
-	1B. 15-11	CAU	SE OF DEATH	e sor week	INTERVAL BETWEEN	CK.
	DISEASE OR CONDITION DIE	RECTLY			ONSET AND DEATH	н
	LEADING TO DEATH (This does not mean the made of	(A) V	<i>MENINGITIS</i>	************		
	hearl failure, asthenia, etc. It means	s the disease,				
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	DUE TO				
,	rise to the above cause (A)	stating the (C)	fy druce phalu	\$		
	UNDERLYING CONDITION last.					
NO.	OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELA	IT				
CERTIFIC		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CER	21A. ACCIDENT WAS UNDERLYING		e.g., in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, streetc.)	et, office bldg., INJURY OCCUR?			
EDIC	21D. TIME (Month) (Doy) (Year)	(Hour 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	1.0	
2	(APPROX.)		While Work		Contract of	
	22. I certify that (this hospita			1965 to 9	G 19 G	6
	that (we) last sow the decease	ed olive an Q 6	619ond t		nion death occurred on the	e dote
	ord hour and from the couses sto					
	Z3A SIGNATURE	10			23 B. DATE SIGNED	
	All Chillie	M.D.	Attending Med. Phys. Director	Stoff Phy s.	916166	
	23C. PAYSICIAN'S NAME (Type)		23D. ADDRESS			
	1 J. W. W	HITWORTH	M.D. JOHNS H	opkins H	OSPITAL	22_
24/	REMOVAL Specily	24C HAME OF CEMETERY O	CREMATORY 24D.	LOCATION (C)	ly, lown, or county)	ofe)
1	sural 4-9-t	6 eveno	removal (wenso.	welle	-
25/	A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTO	PARAM	(V) ADDRESS	
VS	150-REV. 1/SEP 12 1966	P. C. St. E. Stanker, "	walten	race watto	viviere	<

with the state of Lucy is and gray and by I want age had no be 31 1:

66-1	7237		Y HEALTH DEPARTMENT		66 09161	
BIRTH NO.	- 66 0	9161 CERTIFICA	TE OF DEATH	Registered No.	00 00101	
M.E. CASE NO. 1. NAME OF DECEA	ASED			D HOUR OF DEATH		
Type or Print) BA	BY BOY J	IOHNSON	aug	19,1966	12:45 A,	
	H IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WKe	re deceased lived. If i	nstitution: residence before admissi	
FULL NAME OF	COURS 1405	PITAL or institution, give street	MARYLAND		20-04	
HOSPITAL OR	oddress or location)	C. CITY OR TOWN (If ou	side city limits, write	RURAL ond give township)	
			BALTIMOR	E		
eL.			D. STREET ADDRESS (If	rurol, give location)		
T			2540420	mbard s	<i>T</i>	
5. SEX 6	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
M			8-18-66		2	
	ATION (Give kind of work orking life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR		11	12. CITIZEN OF WHAT COUNTRY?	
	Grand Control of the	· · · · · · · · · · · · · · · · · · ·	Account (Indian and		
3. FATHER'S NAME			14. MOVIERS MAIDEN MAI	ME	1	
	-					
S. Was Deceased E	ver in U. S. Armed Fore		17. INFORMANT	0	ADDRESS	
Yes, no or unknown)	If yes, give wor or dote	s of service) SECURITY NO.	H	K.	1-	
			110SpiTA1	/ ecoRo		
1600 a	18. 762 5 I CAUSE OF DEATH INTERVAL B					
	OR CONDITION DIR	ECTLY	ATTITUTE			
	I meon the mode of	dying, e.g., DUE TO	Mullians	******************************		
heort foilure, a	sthenio, etc. It means	the disease,	0 1			
	licotion which coused	death.)	Bluaturely			
	NTECEDENT CAUSES	DUE TO	INVINATION OF		······································	
	above couse (A)		V			
	CONDITION lost.	sioning the	**************************************			
	11			·		
	CANT CONDITIONS C					
DISEASE OR C	ATH BUT NOT RELA ONDITION CAUSING I					
19A. DATE OF C	OPERATION 19B. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
	1,000					
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)	
DEATH (notify n	nedicol exominer)	etc.)				
	Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
S OF INJURY		White At Not Wh				
		Work Al Work				
) ottended the deceosed from				
that (I) (we) I	ast sow the decease	d alive on	19and th	ot in (my) (our) op	inion deoth occurred on the	
ond hour and	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.					
23A. SIGNATURE 23B. DATE SIGNED					23B, DATE SIGNED	
A	+DI Wound	/ / Thelocober At	tending Med. ys. Director	Stoff Phys.	8/19/66	
23C. PHYSICIAN	s		23D. ADDRESS	,	4	
NAME (Typ	VIAT A.	ALELMATHAL M.D.	0 1	Un +	0 R. 17. 11.	
24A. BURIAL CREM	ATION, 248, DATE	24C, MAME OF CEMETERY OF CE	MINI MICE WAS	OCATION (C	ity, Jown, or county) (State	
REMOVAL (Sp.	ecity) 9/2/L	6 14 Parts	240.	120	ity, town, or county) (Stote	
DUKIAL	- 11010	O DI TURNO	un	1 / Jul	10 1119	

24A. BURIAC CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY

24D. LOCATION (Gity, Jown, or county)

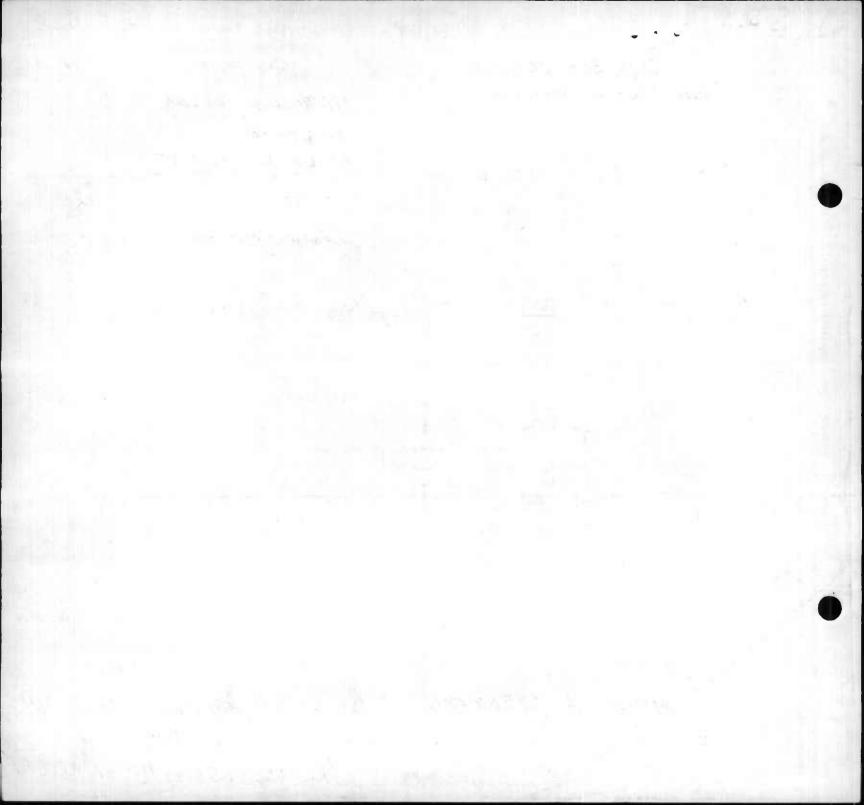
(Stole)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65



was D.O.A.

VS 150-REV. 1/1/65

on the

death.

0

5. SEX

of death

CGUSE

	LEADING TO DEATH	(A) CON	elral	utte	uselles	amoule
	(This does not meen the mode of dying, heart foilure, asthenia, etc. It meens the dise injury ar camplication which caused deeth.)	e.g., DUE TO				00 000 00 0 000 000 000 000 000 000 00
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if any, gi	ving				
	rise to the obove cause (A) stating UNDERLYING CONDITION tost.	(C)				
TION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO					
4	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A AUTORS	va (Yes or No)	20B. IF YES, WERE FINDIN	IGS CONSIDERED
ERTIFIC	WAS PERFORMED		no	9	IN CERTIFYING CAUSES	
CALC	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, officetc.)	ar about 21 C. Wi ce bidg., INJURY	HERE DID OCCUR?	(If in Baltimore City.	give exact location)
EDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HC	DIN DID MIN	RY OCCUR?	
2	(APPROX.)	While At Not White			1	
	22. I certify that (I) (this haspital) attend	ed the deceased framy	3/16	19	64 10 9/10	1966
	that (I) (we) tast saw the deceased alive					
	and haur and from the causes stated above	(" (
	23A. SIGNATURE P. Whereh	M.D. Attend	ding N	Ned. S	itoff 23 B.	PIO 66
	JOHN P. URLO	ICIC JR M.D.	D. ADDRESS	Was	ele. Blud	
24	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CREA	ATORY	24D. LO		vn, or county) (State)

Eggen 45 25C. FUNERAL DIRECTOR

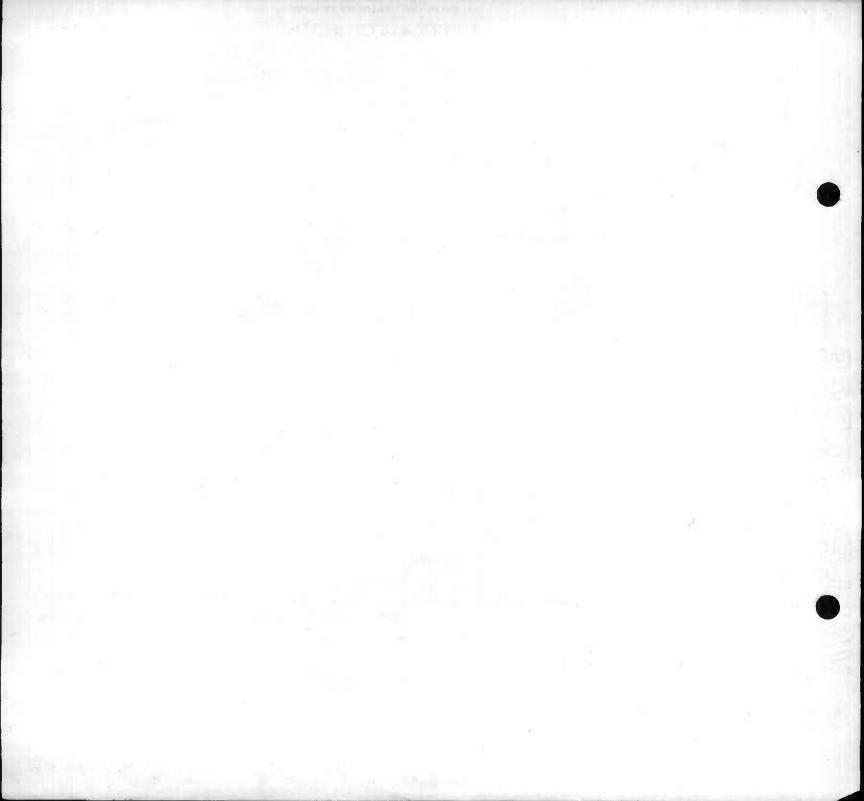
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The VERSITY HOLDING A COME COL 793 WFRINK IN ST Francis Early the Heart Fill I Pharmatra Gen- Three artisano Alston, DINIER THE HOSE E METERY.

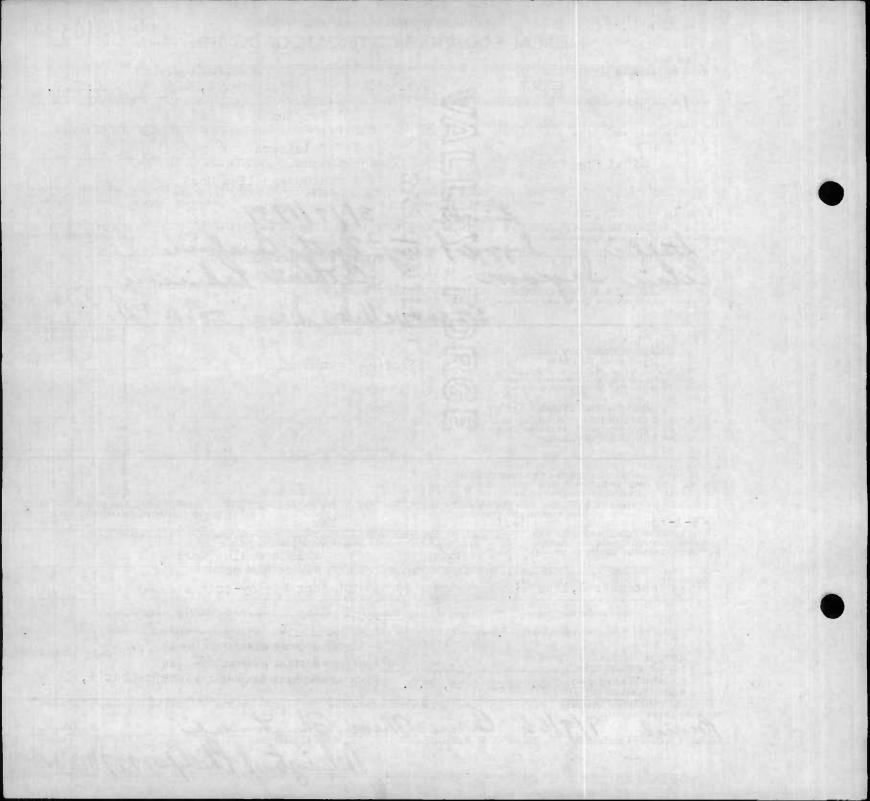
>	40	01
	if death occurred in a hospital and ect or contributing cause of death	was in regular attendance on the the deceased prior to death. Such
IMPORTANT	or his assistant Also, if the dire	nounced death attendance on
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

00.00	101	BALTIMORE CITY	HEALTH DEPARTMENT		00 00404
BIRTH NO. 66 05	31.64	CERTIFICA	TE OF DEATH	Registered Na	66 09164
1. NAME OF DECEASED (Type or Print)	ris J. C	POYLE	2. DATE AN	to Hour of DEATH	16 5:00 P.
3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. Il insti	
FULL NAME OF OF ODE	nol in hospitol or institutio tress or location)	n, give street	C. CITY OR TOWN / (If ou	teide city limits, write KU	RAL ond give township)
HOUSE OF	1 The Fine.	Musing Home.		rurol, give location)	
Belais R	d. BAL	to, md.	1351 40	cken 8	f.
Male 6. RACE	late 7. MARRI WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	12/16/04	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min
dA. USUAL OCCUPATION (done during most of working life,		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	Worken		14. MOTHER'S MAIDEN NA	ME	USB
link			cente.		
5. Was Deceased Ever in U. Yes, no or unknown) (II yes, gi	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 42	S. Lesino
18.	no	215-05-7218 CAUSE O	from Me	byly Clor	INTERVAL BETWEEN
35 TX	NDITION DIRECTLY	CAUSE O) - b		ONSET AND DEATH
	TO DEATH the made of dying, e.	.g., (A) (J	cut Tuenum	Z5	1 day
	etc. It meons the diseo		-1-		0
	ENT CAUSES	(B) LL	Wellasis		ivishs.
	DITIONS, if any, givi cause (A) stating I TION last.	ng	tes Stripes		in
	ONDITIONS CONTRIBUT JT NOT RELATED TO N CAUSING IT.		- yminder D Br	Lessen	6 ms,
19A. DATE OF OPERATION		R WHICH OPERATION	20A. AUTOPSY? (Tes or No	20B. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING COEATH (notify medical e	INDERLYING :: AUSE OF : xominer)	21B.PLACE OF tNJURY (e.g., in home, form, foctory, street, oletc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)
21D. TIME (Month) OF INJURY (APPROX.)		While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	/ /
22. I certify that (I) (this hospital) attende		2/2	19 63 to	9/5/1966
that (I) (we) last saw	the deceased alive a	n 9/			an death accurred an the a
	causes stated above	. (1) (WP) (did) (didnat) v	iew the bady after death.		
23A. SIGNATURE	1 Rock	M.D. Atte	ending Med.	Stoff	3B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	o waring	Phy	23 D. ADDRESS	Phys.	1/1/66
		M.D.			
24A. BURTAL CREMATION, REMOVAL (Soficify)	4/10/66 K	toly Redeen	ely Ceme - &	Ellemone	town, or county) (State
25A. DATE REC'D BY HEALT	2 1966 P. C.	F E CONTRACTOR	25C. FUNERAL OTRECTO	120 1	For aver
VS 150-REV. 1/1/65	M 1900 MINOS	× 3 1	The Carry	1500	7 - 7 - 600



VS 151-REV. 1/1/65

	TH NO.	MEDI	CAL EXAMINER'S	CERTIFICAT	TE OF DEATH Registere	d No
	CASE NO.					
1. I (Ty	NAME OF DEC	EASED SHIF	RLEY ROBI	NSON	September 4, 1966	10:20 P. M.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED DEAD	I A. STATE	ENCE (Where deceosed lived. If institution B. COUN'	tion: residence before odmission)
но	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET (TION)		NN (If outside corporate limits, write R	URAL and give township)
	S	inai Hospita	1		Itimore RESS (If rurol, give locotion)	//
ĸ	4			40	39 Annellen Road	
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTI	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10A			TOB AIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign country)	2. CITIZEN OF
	stak	orking life, even if retired)	Luggeye factan	1 Most	to Carolina	WHAT COUNTRY?
3.	FATHER'S NAM	in Ing	ann o	14. MOTHER'S M	liter NAME	Del.
		EVER IN U.S. ARMED		17. INFORMANT	1.	ADDRESS Gatters
			226.54.871	2 Hattie	Down 58-16.	it St. n. J.
	1B. E.	8 / X i		SE OF DEATH		ONSET AND DEATH
		E OR CONDITION DI	sho Sho	tgun woun	d of head	
	heart failure, injury or com	of meon the mode of osthenio, etc. It meons aplication which coused	the disease,			
		NTECENDENT CAUSE	(B)			
	RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' G CONDITION LAST.				
NO O			(C)			
IFICATION	TO THE	II IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO THE			
CERTI	9_	OPERATION 198, CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 208. IF YES, WERE FINE	
AL C	9-1-66		неас	Yes	Yes	
EDIC/	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home, form, foctory, street		WHERE DID (If in Boltimore City, give roccur?) 039 Annellen Road	
Σ	21D TIME	(Month) (Doy) (Yeo			OW DID INJURY OCCUR?	
		tember 1,196	6 8 30 WHILE AT NO	WORK X Sh	ot by boy-friend	
		ify that I held an 1	the state of the s		d that an this basis, death In my	
	result	ed fram: Natural ca	uses Accident Suic		Undetermined manner	
	ACTUAL		S. Janob		EDICAL EXAMINER X	DATE SIGNED
	EXAMIN NAME (T	ER'S Charles	S. Springate, M.D.	ASSOCIATE M	Sep	otember 5, 1966
	BURIAL CREA	AATION, 23B. DATE	23C. NAME OF CEMETER	or CREMATORY	23D. LOCATION (City, to	own, or county) (Stotet)
1	Durial DATE REC'D	BY HEALTH CEPT	24B. NAME OF REGISTRAR	Mem. J	N. Jaurel	Md.
241	DAIL RECD	DI HEALIN DUTI	A O STANDARD	1 /	. 4 //1-11.	· · · · · · · · · · · · · · · · · · ·



	BALTIMORE CITY HEALTH DEPARTMENT 66 09166
BIRTH NO. 66 09166	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) WALKER - VERNON	9-8-66 1/AM M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give	NA .
HOSPITAL OR oddress or location) INSTITUTION	C. CITT OR TOWN (If outside city limits, write RURAL and give township)
LUTHERAN HOSPITAL OF	MARYLAND. BALTIMURE D. STREET ADDRESS (If turol, give location)
46	2010 MCKEAN AUE. 21217
5. SEX 6. RACE 7. MARRIED, NEV	
MALE NEGRO (4) into	aug d 3-11-13 ,53
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Custadian	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknow	in Josephine Gross
	SOCIAL 17. NFORMANT ADDRESS
10 24	17-07-9420 Rudolph Walker 3901 Carlial an
18. /62./ I	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MASSIVE GASTROINTESTINAL BLEEDING. 5 MINUTES
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease,	DUE TO
injury or complication which coused death.)	® METASTATIC CANCER TO LIVER
ANTECEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if ony, giving	© BRONCHOGENIC CARCINOMA.
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₩ 21A. ACCIDENT WAS UNDERLYING 21B, PLA	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, for	form, foctory, street, office bldg., INJURY OCCUR?
0	JURY OCCURRED 21F. HOW DID INJURY OCCUR?
While A	At Not While
22. I certify that (I) (this haspital) attended the d	deceased from S.M. 5 19 66 to SiAD. 8 19 66.
that (I) (we) last saw the deceased alive an	
and hour and fram the causes stated above. (1) (W	
23A. SIGNATURE	23 B, DATE SIGNED
Young Wil Kin	M.D. Attending Med. Director Phys. P
23C. PHI SICIAN S	23 D. ADDRESS
10UNG KIL KIM	M.D. LUTHERAN HOSDITAL OF MARYLAND.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	E of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Bureal 9-12-66 art	utus Mem. P. R. agbutus, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	REGISTERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
VS 150-REV. 1/1/65	arlingles s. mure 17211 Monroe of

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31-11-

A.L., Service of the State of t

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	66	09167		BALTIMORE CITY HEAL	TH DEPART	MENT			66	09167	
BIRT	TH NO.		CAL EX	(AMINER'S CE	ERTIFIC	CATEC	F DEA	TH Registe	red Na		
M.1	E CASE NO.	TOTAL STATE						400			
1. I (Ty	PAME OF DECE	CRITTE	ERON	BLAIR				r 6, 196		4:15 P.	
		MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL A. STATE	RESIDENCE (V Marylan	Where decea	sed lived. If insti 8. COU	tution: resid	ence before admi	ssion
FUI HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OF		outside corpo	prote limits, write	RURAL on	d give township)	
	1	409 Mc Cullo	h Stree	t		ADDRESS (II		location)	/	0 0	1
01								Street			
5. \$	EX 6	. RACE		NEVER MARRIED	8. DATE OF		9.	AGE (In years st birthday)	If Under	1 Yr. If Under 2	
	Male	Negro	OTATE		4/3			66			Min.
		orking life, even if retired)	TOB KIND OI	F BUSINESS OR INDUSTRY	Balti		foreign cour	ntry)	12. CITIZE	COANTRY?	
13.	ordan	Blair			Adali	ne B	lunt				
		EVER IN U.S. ARMED		16. SO CIAL	17. INFORM.			2402	ADDRESS		
(Tes	?	If yes, give wor or date	s of service/	216 05 0395	Mrs	Mary	Curry	1801 M	adiso	n Ave	
ERTIFICATION	(This does not heart foilure, injury or comparing the comp	E OR CONDITION DIL LEADING TO DEATH it mean the mode of losthenio, etc. It means plicotion which caused of NTECENDENT CAUSE R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION [198, CON OPERATION [198, CON OPERATION [198, CON	dying e.g., the discose, deoth.) S NY, GIVING ATING THE CONTRIBUTII ATED TO T	(A) head DUE TO (B) DUE TO (C)	rt dis	ease		clerotic	NDINGS C	ON SIDERED	
L C	21 A. EXTERNAL	WAS PERI		21.455.05.3311122	4 3 7	No	IN CI	ERTIFYING CAUS	SES OF DE	ATH?	
	UNDERLYING CAUS 21D TIME OF INJURY (APPROX.) 22. 1 certi	or CONTRIB- E OF DEATH. (Month) (Doy) (Year fy that I held an Ined fram: Natural can ERE Charles ype)	home etc.) (Haur) page X S. Spr	Inspection X Aut	WHILE ORK ORK OPSY CHIE ASSISTAN ASSOCIA	and that a micide	on this base Undet L EXAMIN	sis, death in mermined manner HER MER MER Se	ny apinian	DATE SIGNI	66
	Burial	9/10/6	56	Mt Calvary	Cemet	ry	A A	County			
244		Y HEALTH DEPT.	24B. NAME	OF REGISTRAR		JNERAL DIRE	CTOR		A	DDRESS	
	S	EP 12 1966	Robert	f E. Sanbey M. A	Ado	lphus	Halste	ad 1209	WN	orth Ave	

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BALTIMORE CITY HEALTH DEPARTMENT 66 09168 66 09168 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY (If not in hospital as institution, give street C. CITY OR TOWN HOSPITAL OR (If outside city limits, write RURAL and give township) INSTITUTION The Union Memorial Hospital GERSUCH made B. DATE OF BIRTH88 5. SEX 9. AGE (In years 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months Doys WIDOWED, DIVORCED (specify) Hours 83 NIDOWED IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. Miss Anita A. Phillips 632 Gorsuch THTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed Cerebral Vascular Accident LEADING TO DEATH (This does not mean the made of dying, e.g., ular heart failure, asthenia, etc. It means the disease, injuly at camplication which caused death.) Hypertension E ANTECEDENT CAUSES regi are DISEASES OR CONDITIONS, if ony, giving In the above cause (A) stoling the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. physician 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF ° DEATH (notily medical examiner) MEDIC obtained 9 (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from Sept 7. 2130 pmg 66 to Sept 10. 500 /1009 6

thos ((1) (we) lost saw the deceosed olive on Sept 10. 455 Am 19 66 and that in (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obove ((1) (We) (did) (did not) view the body ofter deoth. 23B. DATE SIGNED

23A. SIGNATURE

23C. PHYSICIAN'S

UNION MEMORIAL HOSPITAL

ADDRESS

24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Attending

23D. ADDRESS

Baltimore. Md. Burial 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Witzke F. D.-4101 Edmondson Av.

VS 150-REV. 1/1/65

9/20/66

Corrected by Union Memorial Hospital Admission History Sheet.

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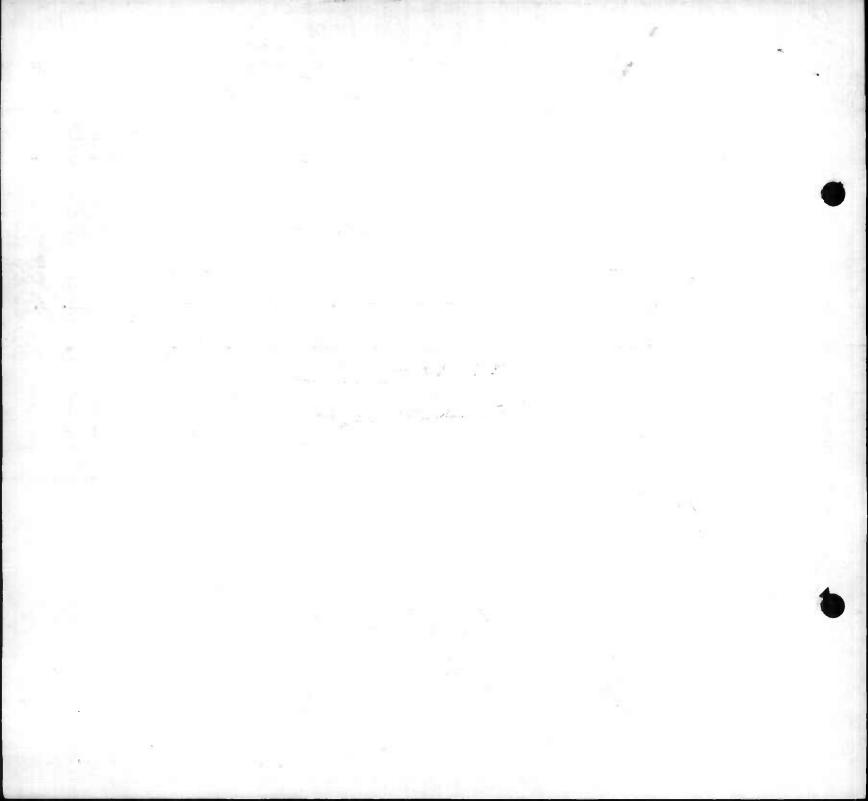
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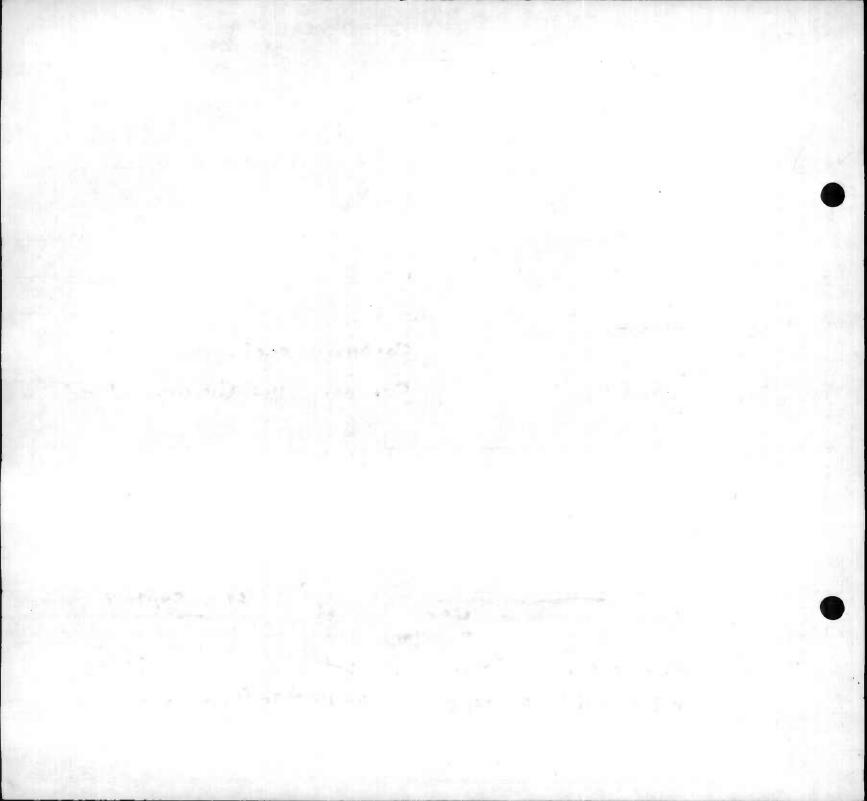
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VS 150-REV. 1/1/65

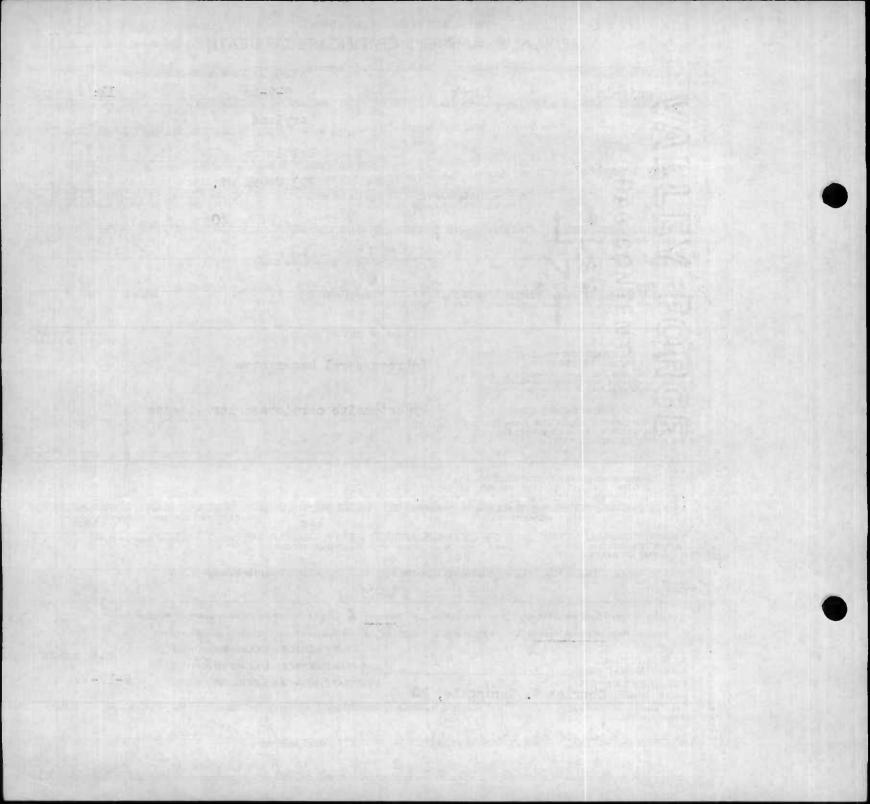
BALTIMORE CITY HEALTH DEPARTMENT



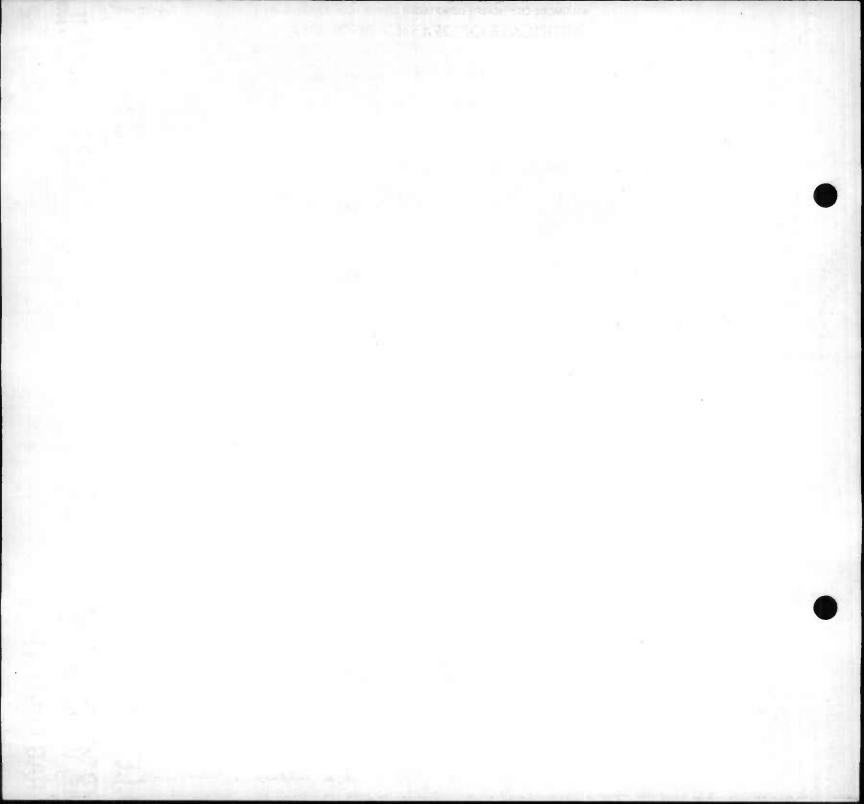
66 (9170	BALTIMORE CI	IT HEALTH DEF	ARIMENI	No. 66 09170
BIRTH NO. M.E. CASE NO.	001170	CERTIFIC	ATE OF [DEATH Registered	Na. 00 031/1
I, NAME OF DECEASED	41.0	Gere	7 C 10	2. DATE AND HOUR OF DE	EATH 015
14/6	irtha			9-9-66	1 4- P
3. PLACE OF DEATH IN BAL	PLACE OF DEATH IN BALTIMORE, MARYLAND			SIDENCE (Where deceased lived B. COUNTY	l. If institution; residence before admissi
FULL NAME OF (If no	t in hospital or insti	tution, give street		3 WALTHER	
HOSPITAL OR oddre	ess or tocotion)		1	OWN (If outside city limits,	. / / _
00			BA	DDRESS (If rurol, give location	MD &
	" 1 T 11	FID BIVD	D. STREET AL		
6. SEX 6. RACE		ARRIED, NEVER MARRIED	8. DATE OF B	IRTH 9, AGE (In years	
DENIL	1 -	DOWED DIVORCED (specify)	134	lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min.
IOA, USUAL OCCUPATION (G	ve kind of work OB. K	IND OF BUSINESS OR INDUST	Y 11. BIRTHPLA	CE (State or foreign country)	12, CITIZEN OF
done during most of working tife, e			Serve .		WHAT COUNTRY?
HOUSEWI	E		BAL	TIMORE	OSA
3. FATHER'S NAME			14. MOTHERS	MAIDEN NAME	
JOHN K 5. Was Deceased Ever in U.	OWALS	KI		1	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Forces? e wor or dotes of se	1 6, SOCIAL SECURITY NO.	17. INFORMAN	NT .	ADDRESS
			DAN	IAL GEREZ,	4K SON
18. 4 0.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DITON DIRECTLY				
(This does not mean the	TO DEATH	(A)	HONAL	y occlusio	N 5min
heart failure, asthenia, e	tc. Il means the d	isease,			
injury ar complication w		,	SECHER	y insuffici	ever 14mas
ANTECEDE		DUETO			
DISEASES OR CONDI					
UNDERLYING CONDITI	ON last.	was a do a d data			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	1				
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED				
DISEASE OR CONDITION		FOR WHICH OPERATION	20 A. AUTO	PSY? (Yes or No) 208, IF YES, W	VERE FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORME			IN CERTIFYING	G CAUSES OF DEATH?
OR CONTRIBUTING CA	IDERLYING -	218. PLACE OF INJURY (e.g.	, in or obout 21 C.	WHERE DID (If in Bo	ttimore City, give exact location)
▼ DEATH (notify medical ex-	ominer)	home, form, foctory, street,	office bldg., INJU	IRY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Hou	1) 21 E. INJURY OCCURRED	21 F.	HOW DID INJURY OCCUR?	
21 D. TIME (Month) (OF INJURY (APPROX.)		While At Not W			
		Work L AI Wo			8 1
		nded the deceased fram			Sept 9, 1966
that (I) (we) last saw	he deceased aliv	e an USM:	19 66	and that in (my) (our	Tapinian death accurred an the d
	causes stated ab	ave. (1) (We) (did) (did=10t)	view the bady	after death.	
23A. SIGNATURE		٥			23B, DATE SIGNED
Ronal	d to an	dorf M.D. A	ttending yes.	Director Phys.	9-9-61
23C. PHYSICIAN'S NAME (Type)	1	6	23D. ADDRESS	.1 ^ .	N 1
RDONG	ld Va	ndorf M.	6071	tarterd ,	167
	4B. DATE	24C. NAME of CEMETERY of C	REMATORY	24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	1 .7 1	, ILOP		Ban	
1 Jurial 6	DIR1 12.6	6 Tr 06, 110	DOTTIN,	Calling	arts as
25A. DATE REC'D BY HEALTH	DEPT. 25R N	AME OF REGISTRAD	25C/ FILME		
25A. DATE REC'D BY HEALTH	DEPT. 258. N	IAME OF REGISTRAN	25C FUNE	RAL DIRECTOR	ADDRESS CIN



1	66 09171 BALTIMORE CITY HEAL	TH DEPARTMENT 66 09171
7-620	MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print)	
	Benjamin Yurek 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	9-9-66 11:42 pm. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	IN STITUTION	Baltimore 26-05
	Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion) 723 Umbra St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	M W 10A. U SUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dope-during most of working life, even if refired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Police Officer 13, FATHER'S NAME (1)	Battimore GSA
	George Gurek	Grances Rusinski
RASE NEWS	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	18 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Intra	cerebral hemorrhage
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
		tensive cardiovascular disease
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	22.	apsy 🛣 and that an this basis, death in my apinian
	resulted fram: Natural causes Accident Sulcide	Hamicide Undetermined manner C
	SIGNATURE Charles . A gate M.D.	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Charles S. Springate, MD	ASSOCIATE MEDICAL EXAMINER 9-10-66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burnal Sept 13. 64 Holy Cosa 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	SEP 12 1966 Relieb E. FalleyMA	Gred W O gazawski 1930 fastern an



	66 00470	BALTIMORE CITY	HEALTH DEPARTMENT		66 09172
- 11	18TH NO. A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00 00172
(NAME OF DECEASED Type or Print) PLACE OF DEATH IN BALTIMORE, MARYLAND	Fraham	4. USUAL RESIDENCE (Where	HOUR OF DEATH 2-/-6 deceased lived. If instit	ution: rolidence before admission)
	FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (Mouts	de city limits, write RUF	# 2
10/	South Baltimore Ge	sneral Hosp	e. 629 S.	rol, give location) har	= 5 St.
	M. NEgro WIDON	ED, NEVER MARRIED' VED, DIVORCED (specify) EDENATED OF BUSINESS OR INDUSTRY		ist birthday)	Il Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min.
	one during most of working life (even if retired)			Ca.	WHAT COUNTRY?
	3. FATHER'S NAME		Malele Ed	dis	
	5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of service	SECURITY NO.	Verdella (Rolesna	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Brencho and	umoma	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e. heart failure, asthenia, etc. It means the disease injury or complication which caused death.)		0 1/4		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the course (A) stoling to the course (A) stoling to the course (B) stoling to the course (
	UNDERLYING CONDITION Iosi, II OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	208. IF YES. WERE FIN	DINGS CONSIDERED
l	WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY(e.g., i hame, farm, factory, street, a etc.)	n or about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact location)
	₩ OF INJURY	While At At Work At Work		RY OCCUR?	
	22. I certify that (this haspital) attended	d the deceosed fram	1 1	66 to	9-1 1966.
	that (we) last sow the deceased alive o			t in (cap) (aur) apinio	on death accurred an the date
	and hour and from the couses stoted obove	. (I) (We) (did) (did not) v	riew the body after death.	2	3 B. DATE SIGNED
	Camil C/ Sala	Phy	s. Director L	Stoff Phys.	9-6-66.
	23C. PHYSICIAM'S NAME (Type)	Balacuit Ormo.	South Bat	Limore Go	ENEral Hosp
	BURIA 9-9-66	mt Cal	UIARY 124D. LO	A. C.	own, or county) / (State)
	SEP 12 1966 258. NAM	eb E. Falky M. A.	25C. FUNERAL DIRECTOR	4500) 11	8 W. monteomer
1 6	'S 150-REV. 1/1/65)



burns; (3) A fracture of

examiner.

a medical

3

any nature;

the body was released to the hospital by

shows: (1) An accident

Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased

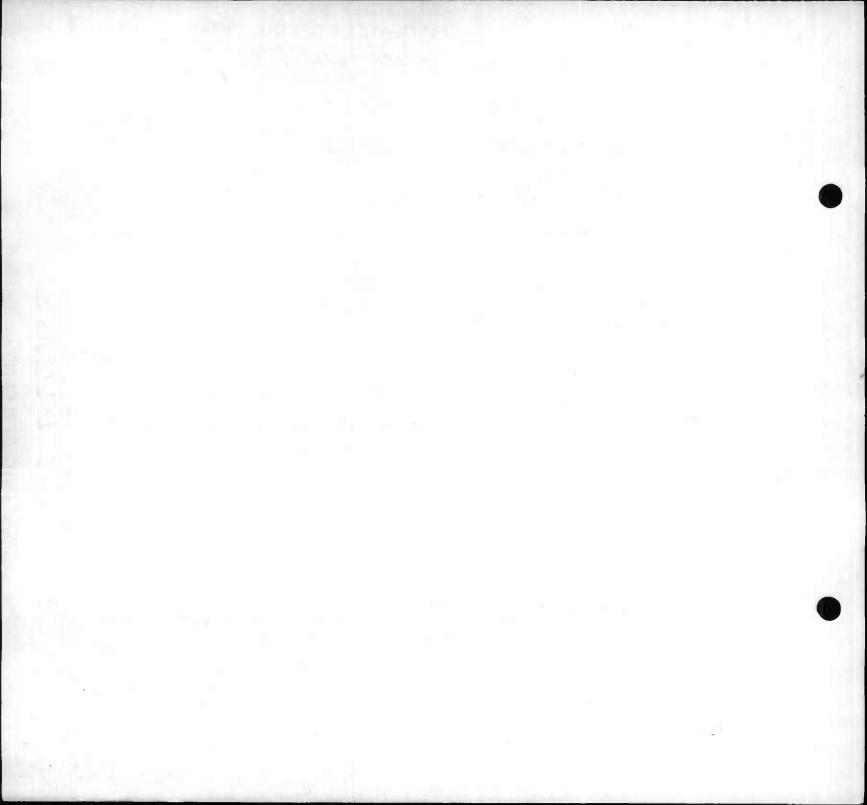
415		BALTIMORE CITY	HEALTH DEPARTMENT		00 0045
94	BIRTH NO. 66 09173	THE THE MOYER, HELEN FERN 2. DATE AND HOUR OF DEATH IN BALTIMORE MARTIAND If not in hospited or institution, give sheet oddress or location) S. H.S. A L.T. MORE If not in hospited or institution, give sheet oddress or location) S. H.S. C. CITY OR TOWN (If outgide city limits, write RURAL and g. A. STATE B. COUNTY C. CITY OR TOWN (If outgide city limits, write RURAL and g. A. STATE B. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. A. STATE G. COUNTY (If outgide city limits, write RURAL and g. C. CITY OR TOWN (If outgide city limits, write RURAL and g. C. CITY OR TOWN (If outgide city limits, write RURAL and g. C. CITY OR TOWN (If outgide city limits, write RURAL and g. C. CITY OR TOWN (If outgide city limits, write RURAL and g. C. CITY OR TOWN (If outgide city limits, write RURAL and g. C. G.	66 U914		
the	A ALALAE OF DECEASED	- 11	2. DATE AND	HOUR OF DEATH	
on .	(Type or Print) ZETTLEMOY	ER, HELEI		1/66	3:25
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				tution: residence before
deat	FULL NAME OF (If not in hospital or institution, g	ive street	PENN.		THE RURAL ond give township) If Under 1 Yr. If Und
to of	HOSPITAL OR address or location)	SP.	RTIFICATE OF DEATH REGISTATE OF DEATH REGISTATE OF DEATH RESIDENCE (Where deceded lived, If institutions residence before A. STATE 8. COUNTY PENN C. CITY OR TOWN (If outside city limits, write RURAL and give township) ARRIED D. STREET ADDRESS (If rural, give location) PENN D. STREET ADDRESS (If rural, give location) R. D. ATTENDERSS (If rural, give location) R		
0	DA TIMOPE			al cive location)	
	28 BALLIMORE			TH Registered No. 66 U.91 TH Registered No. 66 U.91 ATE AND HOUR OF DEATH OF (Where decedsed lived, it institutions residence before	
regular sased p is made	WIDOWED	, DIVORCED (specify)	CERTIFICATE OF DEATH Registered No. 66 0.91 2. HELEN FERN 2. Date AND HOUR OF DEATH 2. HELEN FERN 3. 2.5 ALL ALL RESIDENCE (Where decedsed lived. If institution residence before 8. COUNTY 8. CO		
de de is n	NEVER	MARRIED	12/6/194/	27	D2 CITIZEN OF
909	dane during mast of working life, even if retired)	BOSINESS OK INDOSIKI		County	WHAT COUNTRY?
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the pos		230 - 4			
S			, , , , , , , , , , , , , , , , , , ,	CHUSER	
e on	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give war or dates af service)			,	
find	NO	UNK	ADM15510	U SHEL	
70 0 .	1B. 204.11	CAUSE O	DEATH		
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att	(This does not mean the mode of dying, e.g.,	DUE TO	1 70 76 , 3/2/		
pro lar nba	heart failure, aslhenia, etc. It means the disease, intury or complication which coused death.)			1 0	seve
o de	ANTECEDENT CAUSES	(B) DUE TO	RIKECIAL	ABSCES	s da
¥ 0 0	DISEASES OR CONDITIONS, if ony, giving	C 100	PONIO MYELO	LENOUS LE	CHEMIA
in a	UNDERLYING CONDITION lost.	(c) <u>U///</u>	CALL DI VE LO	02/	
vas was main					
hysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
000	DISEASE OR CONDITION CAUSING II.		[20A. ALITOPSY? (Yes or No)]	20B. IF YES WERE FIR	ADINGS CONSIDERED
the ysic e th	WAS PERFORMED	THICH OFERATION	NO		SES OF DEATH?
ere the o physic efore th	U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation
5 - 0			NO STORY THE REST OF THE REST		
(6) P	W OF INTIBY			RY OCCUR?	
d (≥ (ABBBOY)				/
X E to	22. I certify that (I) this haspital attended the	ne deceoséd fram	8/30 19	66 10 9	/10
3.0	that (I) (we) lost saw the deceosed olive an	9/11	19 6 6 ond tha	in (my) (our Dopini	on deoth occurred o
spital eath) ust be	and hour and from the couses stated above. (I	(We) (did) (did not) v	iew the body ofter deoth.		
hospital o death) I must be	23A. SIGNATURE		P		3B. DATE SIGNED
-	tichard - Nese	M.D. After	s. Director F	hys. D.P.	9/11/
>	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS S. P.H.	5. HOSF	, /
A. at prior			BALT.	MD.	
ed o	RETH NO. 66 09173 CERTIFICATE OF DEATH Registred No. 66 11 MILES NO. 66 11 MIL	town, or county)			
eceased rritten a	BURIAL	CERTIFICATE OF DEATH Registred No. 66 0.91 ER, HELEN FERN 2. Date and hour of death A. Usual residence before by the steel of the st			
was dece	SEP 12 1966 A Des	of REGISTRATE	25C. FUNERAL DIRECTOR	Janes 1 S	ADDRESS ADDRESS

DINGS CONSIDERED ity, give exact lacation) n deoth occurred on the dote B. DATE SIGNEZ RICHARP L. WESENBERS

24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify)
REMOVAL (Specify)
PARIAL CREMATION, 24B. DATE
PARIAL CREMATION, 24B. WEST BURNSWICK SCHUYLKILL 24C. NAME of CEMETERY OF CREMATOR town, (State) RED CHURCH 00 ADDRESS 1 # VS 150-REV. 1/1/65

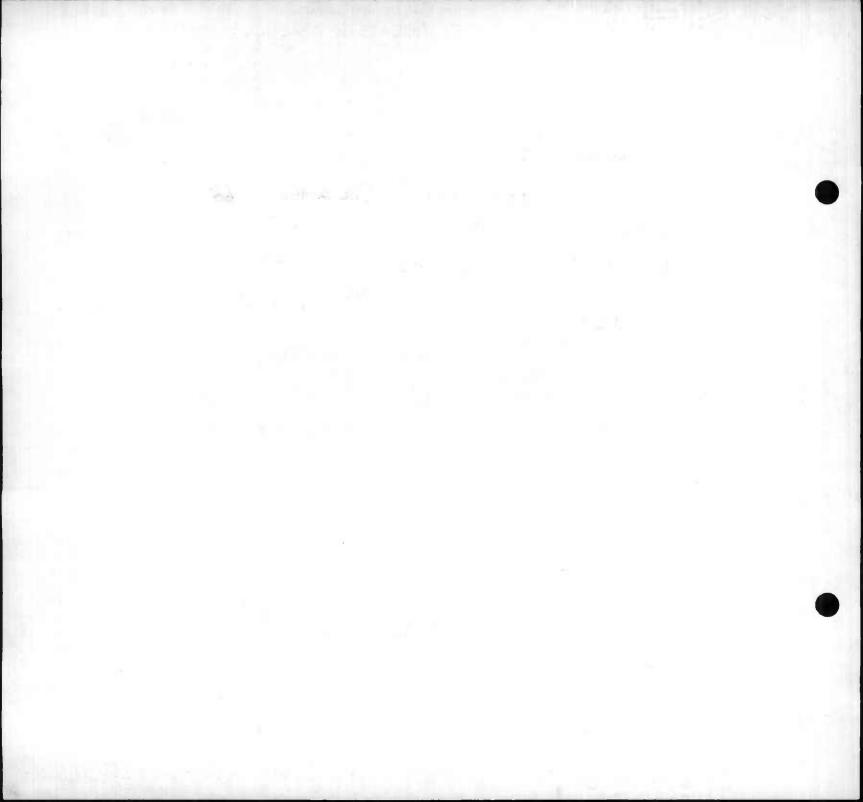
If Under 24 Hrs. Hours Min.

INTERVAL BETWEEN ONSET AND DEATH



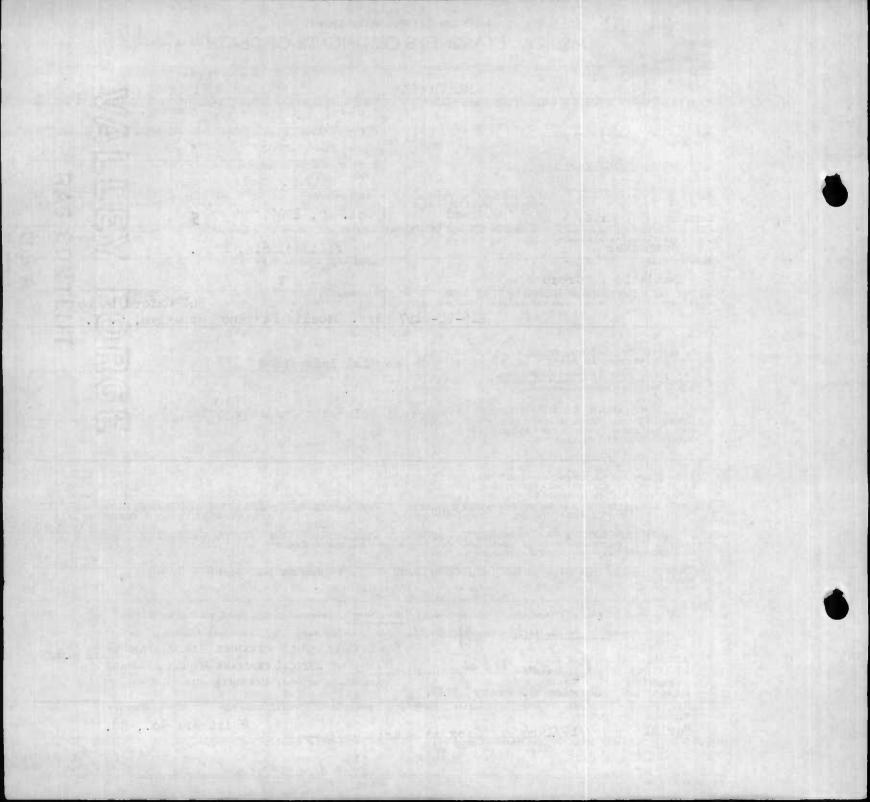
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0.4174	BALTIMORE CITY	HEALTH DEPARTMENT	S	6 09174
BIRTH NO. 66 09174	CERTIFICA	TE OF DEATH	Registered No.	0 00174
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 1.4 R L E S L M/4 L T S		2. DATE AND	D HOUR OF DEATH	11:300
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived, If instit	tution: residence before admission)
FULL NAME OF (If not in hospital at institution, give HOSPITAL OR address at location)	street	A, STATE B, COUNT MARY LA TY E C. CITY OR TOWN (If outs		PAL and give towerhin)
DUKELAND NUASING HO	ME	BALTIMO RED. STREET ADDRESS (If it		Community Community
90 1501 DUKELAND ST.	T Y Super			
5. SEX 6. RACE 7. MARRIED, NE	EVER MARRIED	B. DATE OF BIRTH 19		If Under 1 Yr., If Under 24 Hrs.
WIDOWED, C WEVER 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BU	MARRIED	DEC 2 1900	ast bighdayi	Aanths Days Hours Min,
down during most of washing life, own if satisfied)	OOD	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
	Nhite	HEN	VJS	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknawn) (If yes, give war ar dates af service)	SECURITY NO.	MRS. CLARA	SCHAFER ALMA ST	PHILA. PA
18. 4-22.11	CAUSE O		TEMA O	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	011	2	D : - 1 C	4 MONTHS
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE TO	ROMIC MYOC	4801/13	7 2000 143
injury or complication which coused death.)	ART	ERIOSCLEROTIC C	ARDIO Vale 11	
ANTECEDENT CAUSES	DUE TO		DISTAST	7.4
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(C) H =	PATIC CIRKH	6915	
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHRONIS E	RAIN SYNDRO	ME	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 21B. PL	ICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF hame,	ACE OF INJURY (e.g., in farm, factory, street, of	ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact lacation)
□ OF INJURY	IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX) While Wark	At Work			
22. I certify that (I) (this hospital) attended the		8-13 1	966to	9-10 1966
that (I) (we) lost sow the deceased olive on			et in (my) (our) opinio	on deoth occurred on the dote
ond hour ond from the couses stoted obove. (I) (1 23A, SIGNATURE	We) (did) (did not) v	iew the body ofter deoth.	12:	3B. DATE SIGNED
Thomas W. Harris	M.D. Alle	ending Med.	Staff Phy s.	9-10-66
23C. PHYSICIAN'S NAME (Type)	,	23D. ADDRESS	,	57
THOMAS W. HAKRIS 24A. BURIAL CREMATION, 124B. DATE 124C. NAM	E of CEMETERY OF CRI		CATION (City,	tawn, ar caunty) · (State)
REMOVAL (Specify) 9/11/66	E U. GEWILIERI GI CKI	A .	LADELPHIA	tawn, ar caunty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	90 0	Vm Tuch	ner & Sons	Balt 17 Md.
VS 150-REV 1/1/65	100	0 0		7



BALTIMORE	CITY	HEALTH	DEPARTMEN'

BIRTH NO.	MEDI		AMINER'S CE			EATH Registe	red No	5 09175
M.E. CASE NO.								
1. NAME OF DEC	EASED					HOUR PRONOUNCE	ED DEAD	
	ANNA		MASTRECOLA		Septem	ber 7, 1966		1:45 P M.
	IMORE, MARYLAND, WI			4. USUAL RE	SIDENCE (Where)	deceosed lived. If insti B. COU	itution: resi	dence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	TION)	TION, GIVE STREET	C. CITY OR		corporate limits, write	RURAL	nd give township)
John	s Hopkins Hos	pital			DDRESS (If rurol, 512 N. Cu	give locotion) rley Street		
5. SEX Female	6. RACE White	WIDO WED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF B	O, 1900	9. AGE (In years lost birthdoy)		Doys Hours Min.
IOA. USUAL OCCL		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	•	country)	12. CITIZ WHA	EN OF AT COUNTRY?
13. FATHER'S NAM					MAIDEN NAME			
Benj	amin Croup				?			
15. WAS DECEASE	O EVER IN U.S. ARMED		SECURITY NO.	17. INFORM AN				Street
18.				Mrs. Ce	celia Faz	zino Brook	lyn,	N. Y. INTERVAL BETWEEN
THE SIGN TO THE SI	SE OR CONDITION DIL LEADING TO DEATH not meen the mode of osthenio, etc. II meens inplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION [198, CON WAS PER	dying e.g., the discose, deoth.) S NY, GIVING 'ATING THE CONTRIBUTING ATED TO THE LIT. DITION FOR Y	(B) Arteri DUE TO (C)	osclero:	PSY? (Yes of No)	ovascular D	NDINGS (CONSIDERED
					Yes			res
UTING CAU	OR CONTRIB- SE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	ffice bldg., INJ	URY OCCUR?	If in Boltimore City, gi	ve exoct I	ocotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT WORK AT W	WHILE	ULNI DID WOH	RY OCCUR?	3,8	
ACTUAI SIGNAT EXAMIN NAME (*)	URE IER'S Type) Charles MATION, 23B, DATE	aulus I	ccident Suicide	CHIEF ASSISTANT ASSOCIATE	MEDICAL EXEMEDICAL EXEMEDICAL EXEMEDICAL EXEMEDICAL EXEMEDICAL EXEMPTION	AMINER 🗵	er 🗌	DATE SIGNED 9/8/66
REMOVAL (Specify Buria			Saczred Hear		PE 9	Baltimore		
	BY HEALTH DEPT. 1965		of REGISTRAR	2mg.	1. Tich	rent Sono	Bol	the par
VS 151-REV. 1/1/	65	1 9		000				



	00 100	20	BALTIMORE CITY	HEALTH DEPARTMENT		66 09176
BIRTH NO.	66 091	16	CERTIFICA	TE OF DEATH	Registered Na.	00 00170
M.E. CASE NO.	EASED :			2. DATE AN	ND HOUR OF DEATH	
Birnbau		YLV4 RYLAND	N ;	USUAL RESIDENCE (Whe	16 - 18 6 ere deceosed lived. If in	c 1 2.15 An
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		give street	C. CITY OR TOWN (IF OU	itside city innus, write i	RURAL ond give township
UNION) 101 51	010		D. STREET ADDRESS (IF	rurol, give local.	5+ APT
070101	M EMO		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
M	W	WIDOWE	D, DIVORCED (specify)	11-11-87	lost birthdoy)	Months Doys Hours Min.
	JPATION (Give kind of worl working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	- Edison Co.	Elec	t. Eng.	MARYLA 14. MOTHER'S MAIDEN NA	ND ME	USA
MAX	BIR	NBAU		CELIA 17. INFORMANT	UNKNOW	UN
15. Was Deceased (Yes, no ar unknown	Ever in U. S. Armed For	ces? as of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No L	None		012-07-5975	Mr. Samuel J.	Fisher 390	O North Charles St
1B. 2 3	/ Y		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI	RECTLY	CER	EBRAL HE	MORRHAG	
heart failure, injury or com	ol meon the mode of asthenia, etc. It meons aplication which caused	the disease death.)	, DUE TO			
	ANTECEDENT CAUSES		DUE TO	maa maammaan aa aa aa aa a a 20 00 00 00 00 00 00 00 00 00 00 00 00		
	OR CONDITIONS, if above cause (A)					
	CONDITION last.			00 00 00 00 00 00 00 00 00 00 00 00 00		
E TO THE D	11 FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO TH				
19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	21 hou etc	me, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED hile At Not Whi ork At Work		JURY OCCUR?	
22 Leastify	that (1) (this basnita		the deceased from SS		19 6 C to SE	PT 10 1966
						nion death accurred an the da
1				view the bady after death.		cooned an ine du
23A. SIGNATU		ied abave.	(1) (ala nat)	view the body diter death.		23B, DATE SIGNED
Su	dney E.	Kuh	ley M.D. Att	ending Med. pirector	Stoff Phys.	Sept 10,60
PHYSICIA NAME (T	YPEN SIDNEY	EKIR	RKLEY M.D.	UNION	MEMORIAL,	HOSPITAL
	MATION, 24B. DATE	24C. N	IAME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)
REMOVAL (.966 F	Baltimore Hebr	ew Cemetery B	altimore, Md	
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS.
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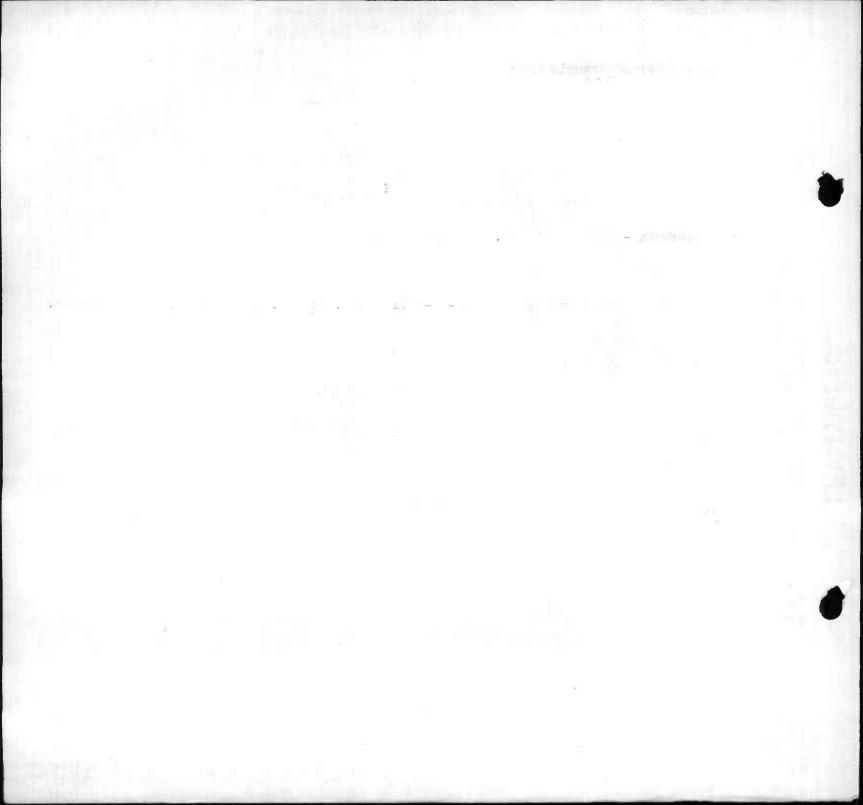
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66 U9177 CERTIFICA	ATE OF DEATH Registered No. 00 U9177
M.E. CASE NO. 1. NAME OF DECEASED (Type as Pant) Harold Francis Ross	SEPTEMBER 10,66, 4 TT
3. PLACE OF DEATH IN BALTIMORE, MARILAND BON Secours Hospital FULL NAME OF (If not in hospital or institution, give street)	A. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY Maryland
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (II outside city limits, write RURAL and give township) Baltimore
34	D. STREET ADDRESS (If rurol, give locotion) 25 South Fremont Avenue 21201
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1. Sign of Si
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Watchman - Davis Paint Co. Paint	Chicago, III. WHAT COUNTRY?
13. FATHERS NAME (// Frank // Ross	Agnes Wallace
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes World War II SECURITY NO. 212-18-2971	Mrs. Mary B. Ross same address as above
(30,30	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	foration of Cocum due 3 days
heort foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)	of ascending Colos Months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	closed Loop Obstruction- of according Colon Months reneralized Peritoritis 3days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LANGE DO COE OF TO COLOR OF THE PROPERTY (e.g., 121 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., 121 A. ACCIDENT WAS UNDERLYING 21B. PL	in or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bldg., NJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work	
	SEPTEMBER 8 19 66 to SEPT. 10 19 66 SEP10 19 66 and that interp (aur) apinion death occurred an the dat
and hour and from the couses stated obove. (1) (We) (did) (did not)	
23A. SIGNATURE M.D. AH Phy	tending Med. Stoll 238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Burial 9/14/1966 Baltimore Natio	onal Ceme tery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Whit. Tickner - Sono Butte in a. w
SEP 12 1965 A A R O TATIONA	I wit home - who have spa. w



SAB47-60-07

	BALTIMO	MORE CITY HEALTH DEPARTMENT 66 09178	
	BIRTH-NO. 66 09178 CERTI	TIFICATE OF DEATH Registered No.	
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type or Print) Frank J. Staska	7 September 66 17 A M.	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland C. CITY OR TOWN (If outside city limits, write RYRAL and reversible)	
	Baltimore City Mospitals	C. CITY OR TOWN (If outside city limits, with RURAL and give township) Baltimore	
	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give locotion)	
	Baltimore, Maryland 21224	708 North Bradford Street 21205	
	5. SEX Ma le 6. RACE White 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp Married		
	done during most of working life, even if retired	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	John Staska Katherine Unlir		
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes no or unknown) (If yes, give war or dates of service) SECURITY N	NO A 17. INFORMANT ADDRESS	
	Mo 220-30-	1-6164- Records:BCH-4940 Eastern Avenue 21224	
	18. / 7 7 X I	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carcinoma of Prostate 1+412.	
	(A) (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose,	UE TO	
	injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)	UE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)			
2	UNDERLYING CONDITION lost.	,	
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
D		NON E	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI	ATION 20A. AUTOPSY? Or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
2	218. PLACE OF INJU	JURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location)	
	OR CONTRIBUTING CAUSE OF home, form, factory,	ry, street, office bldg., INJURY OCCUR?	
3	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU		
5	While At Work 22. I certify that (I) (this hospital) attended the deceased from \$\\ 8\\\ 3\\\ 6\\\ 6\\\\ 19\\\\\\\\\\\\\\\\\\\\\\\		
2			
2			
200	23A, SIGNATURE	(did not) view the body offer deoth.	
	0 101	M.D. Attending Med. Staff Phys. Director Phys. 9/7/66	
3	23C. PHYSICIAN'S	23D. ADDRESS	
-	NAME (Type) William A. Emerson	M.D. 4940 Eastern Avenue, Baltimore, Maryland	
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CRMETE	TERY of CREMATORY 24D, LOCATION (City, tower or county) (State)	
5		observations of the two with	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF DEGISTRAR 25A. 12B.	RUMIN 25 TYNERAY DIRECTOR ADDRESS HOLD ADDRESS HOLD ADDRESS HE STATE OF THE STATE O	

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VS 150-REV. 1/1/65

Azers - Sarah 7 September 60 12-16-83 £8 Carelmona of Prostote " " 3.415億 N. W. Wallen P. Eme son

(4) Undetermined cause; (5) prior contributing occurred regular deceased death 2 Was the IMPORTANT uo death or final attendance any pronounced med fracture of embal regular FUNERAL DIRECTOR: who are physician the remains the chief medical Was physician (2) Body the 0 before ere the hospital °Z nature; × A obtained 9 approved (except and any pe eath) hospital accident of ly was released (1) An accident must Ö 10 O prior at

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VS 150-REV, 1/1/65

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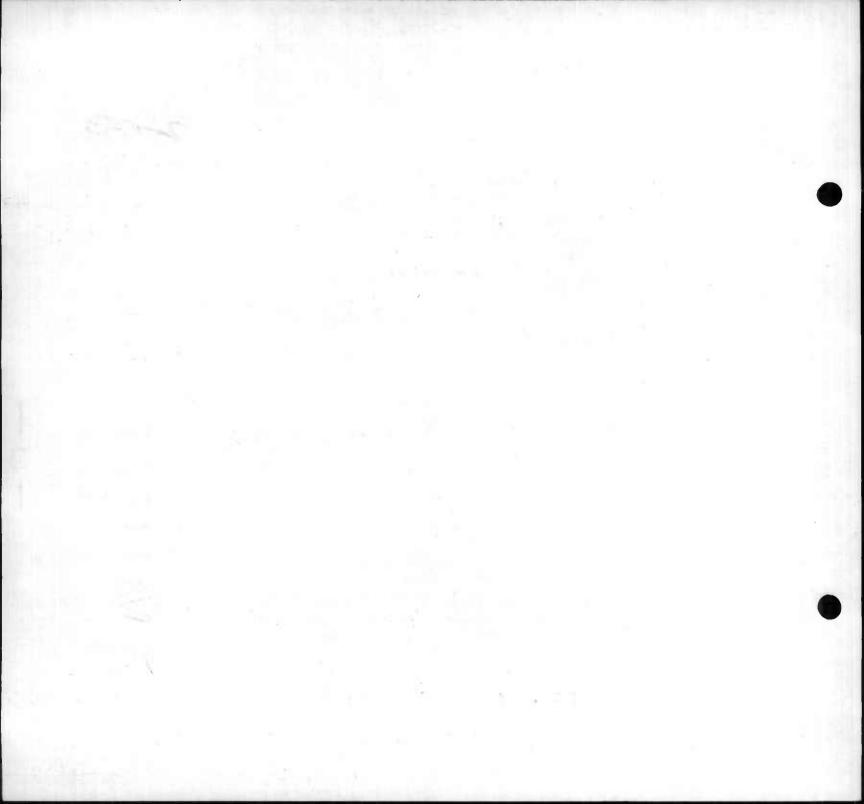
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hospital

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BALTIMORE CITY HEALTH DEPARTMENT 66 09179 Registered No. 66 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) om none ge 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission)
A, STATE
B, COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR (If outside city limits, write (If rural, give location D. STREET ADDRESS disposition is made. 5. SEX MARRIED, NEVER MARRIED B. DATE OF 9. AGE (In years 6. RACE Yr. If Under 24 Hrs. If Under 1 WIDOWED, DIVORCED (specify) lost birthdoy Months Days Hours me rome tOA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME sucerces 218-16-1909 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. no CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. TO THE CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lon, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examined MEDI (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) lost saw the deceased alive on and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B DATE SIGNED Med. Staff M.D. Attending Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Daniel G. M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) written ben 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25/C) FUNERAL DIRECTOR ADDRES



	BALTIMORE CITY H	HEALTH DEPARTMENT	0.0	
BIRTH NO. 66 09180	CERTIFICAT	E OF DEATH	Registered No.	5 09180
M.E. CASE NO.	1./ 0	2. DAJE AND	HOUR OF DEATH	. 0
	IKA	Sep	t. 6, 1966	1 / 1 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE & B. COUNT	Y	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)		Marylan		
INSTITUTION	. \	c. CITY OF TOWN, Alf outsi		RAL and give (gwnship)
905 M. Patterson lank	Hue.		rol, give location)	4.1
50		705 M. Ja	,	nu Hero,
Male White 7. MARRIED, NEW MODERA	VORCED (specify)	May 18, 1888	AGE (In yeors st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS		1. BIRTHPLA CE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Taylon Smakaina	Tailons	Czcchoslovaki	à	USA.
13. FATHERS NAME	14	MOTHERS MAIDEN NAM		
VAClau Melka.		Mary	TASKY	
15. Was Deceased Ever in U. S. Armed Forces? 16. (Yes, na or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	7. INFORMANT	1 /	ADDRESS
No 21	7-03-8494	Trances Melh	(a 905 4.1°	attenson M. Huo.
1B. / 7 7 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con Con	iname d	Produce	1111111
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO LL	inoma of	esis -	
injury ar complication which coused death.)	G. U	Advani Com	Jai Vana	14 / 2
ANTECEDENT CAUSES	DUE TO	no Selevois Con	m medica	1 Minen
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the	(C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WHICE	H OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
198. CONDITION FOR WHICE WAS PERFORMED 218. PLA 218. PLA	CE OF INTURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimate (City, give exact location)
		e bldg., INJURY OCCUR?		- Try give excel location
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) While A	Not While			
22. I certify that (I) (ship hospital) attended the d	6	uly 5 19	66 to Sept	6 1966
that (I) (we) lost saw the deceased olive an	July 50	1.16		on deoth occurred an the date
and haur and fram the causes stated above. (I) (W	e) (did) (d id noi) vie	w the bady after death.		
23A. SIGNATURE				3B. DATE SIGNED
Thiliber Urtigiani	M.D. Attend		hy s.	Acpt. 7/66
23C. PHYSICIAN'S NAME (Type)		2.305 man	field ave	
Philibert Artigian		Both m	ou, mr.	45.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREM	C 1 F	Sallon (City.	towp or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	y (colemno	250 FUNERAL DIRECTOR	el Timone	ADDRESS /
SEP 12 1966 R.C. 6-8	Farbune	Stulp E. CV	ach 1211	hosaco Ane

VS 150-REV. 1/1/65

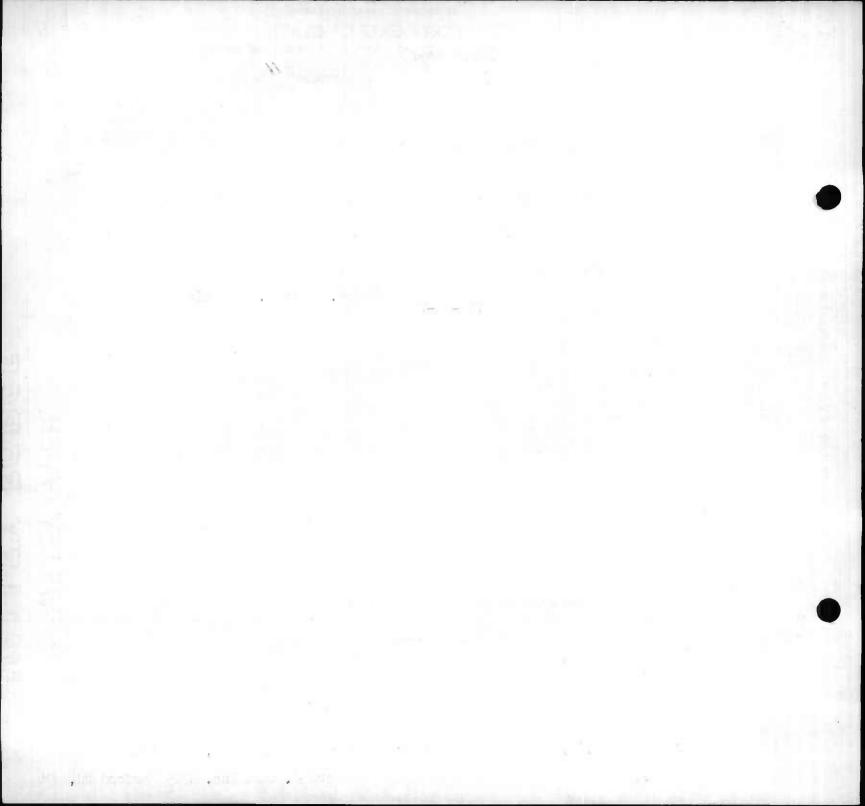
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And most of the state of the st The property that the party of the same of 1623 Sent Tollers Controlorship C. 20 Les miles Marky Marky 27-13-8474 Factors Welles Tie 11 14/1000 Pert الأرارية والمتحدد وأطاح الصابيس وإساني المناج يرارانه والمارية

1	BALTIMORE CI	TY HEALTH DEPARTMENT 66 U9181		
4	BIRTH NO. 66 09181 CERTIFIC	ATE OF DEATH Registered No.		
Suc	M.E. CASE NO. 1. NAME OF DECEASED (Type or Point) (Type or Point) (Henry Bass)	2. DATE AND HOUR OF DEATH		
	(Type or Page) BACIGAL PAGE BACIGAL PAGE BASS) ANDREW LEO 3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
eath	3. PLACE OF DEATH IN BALTIMORE, MARTLAND	A. STATE B. COUNTY		
ф	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If ourside city limits, write RURAL and give township)		
0	INSTITUTION	Bacrimoce CITY		
prior e.	CHURCH HOME & HOSPITAL	D. STREET ADDRESS (If rural, give location)		
g 6	25	3802 Biddison LAND #6		
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.		
is	MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF		
dec	done during most of working life, even if retired) COUPER FOR R.R. RAYING AD	BASSONE U.S.		
	COPPER FOR R.R. KAIRIAD	14. MOTHER'S MAIDEN NAME		
the	Louis BACIGALUPA	Louise Cunto		
P	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
fina	465 W.W. I 717-07-7608	Mrs. Maria L. Bacigalupa Samo		
attendand Imed or fir	18. / 53. 8 I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
ten ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARCINOSA OF COLON 4 MOS.		
	(A) C (This does not mean the made of dying, e.g., heart failure, osthenio, etc. ft means the disease.	THE CINCIST SO COTON		
2 0	injury or complication which coused death.)			
regul				
- 0	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C)			
as in	UNDERLYING CONDITION lost.			
n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ian e re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
sic th	July : Aug. 1866 1986 CA OF COLON	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
o phy efore	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)		
No	OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examiner)	office bldg., INJURY OCCUR?		
ed	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
d (6) P	(APPROX.) While At Not Work At Work			
9 19	22. I certify that (I) (this has pinal) attended the deceased from			
death); must be o		19 6 cond that in (my) (cons) opinion death occurred an the date		
ust	and hour and fram the causes stated above. (1) (1) (did) (did not)) view the bady after death. 23B. DATE SIGNED		
DE	M.D. A	Attending Med. Staff		
val	23C. PHYSICIAN'S	hys. Director Phys. 2/11/66		
prio	MERVIN L. TRAIL M.	Church Home & Hospital		
ceased prior to itten approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City, town, or county) (State)		
len	Burial 9/15/66 Holy Redeemer	Cometerus Rollings Warrand		
Ce	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, Maryland Address		

Leonard

J. Ruck Incl 5305 Harford Rd.



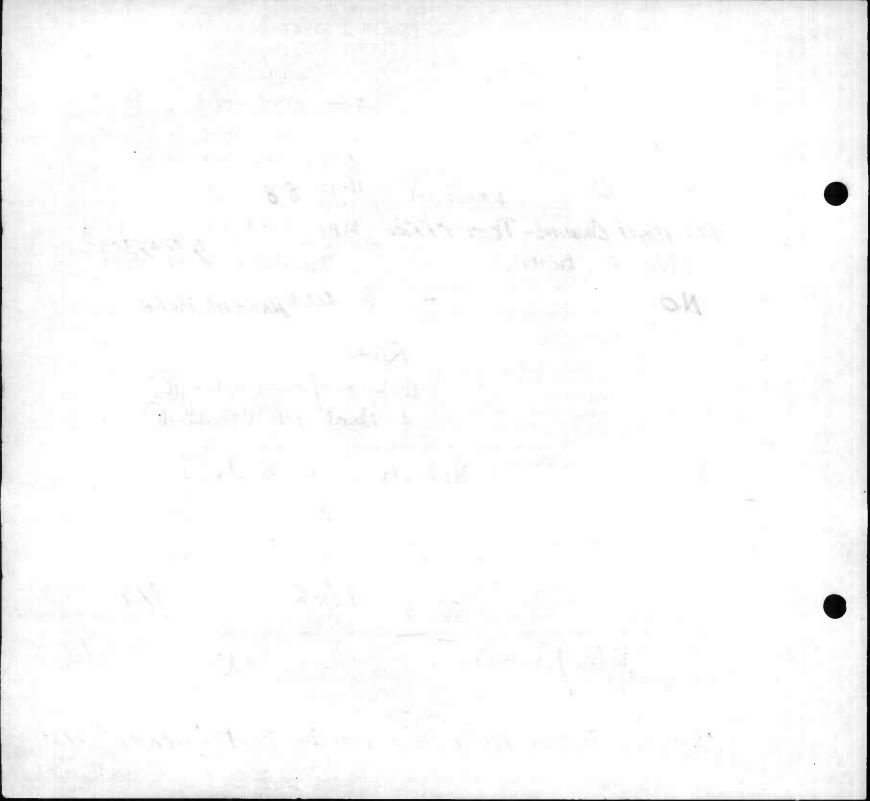
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Pt D St	BIRTH NO. M.E. CASE NO.
death seeased on the	1. NAME OF DECEASED
spital b of d) Dece ice or eath.	3. PLACE OF DEATH II
a ho cause se; (5 andar to d	FULL NAME OF HOSPITAL OR INSTITUTION
uting ed cau ar atte prior	40
occurred contribution fermined regular eased proving made.	5. SEX 6. RA
or contribution is ma	10A. USUAL OCCUPATI
if death ect or c t) Undet was in the dec	13. FATHER'S NAME
rect (4) U was the ispos	NICHOLAS
roved by the chief medical examiner or his assistant if death occurred in the hospital by a medical examiner. Also, if the direct or contributing y nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can xcept where the physician who pronounced death was in regular attendance on the deceased prior bitained before the remains are embalmed or final disposition is made.	15. Was Deceased Ever (Yes, no or unknown) (If your NOWN)
or his assisted Also, if the of any kinnounced decatement attendance med or fina	18.5-8-5
or his Also, ee of a nounce aften	DISEASE OF LEAT
xaminer or his as caminer. Also, if A fracture of any who pronounced regular attenda	(This does not m heart failure, asthe injury or complica
xaminer kaminer. A fractur who pro- regular	ANTE
al examiner examiner. (3) A fractur on who prorin regular in regular in sare embal	DISEASES OR C
roved by the chief medical examiner or he hospital by a medical examiner. All y nature; (2) Body burns; (3) A fracture yxcept where the physician who pronound (6) No physician was in regular at btained before the remains are embalm	OTHER SIGNIFICATION THE DEATH
ief rady body be ple ple	DISEASE OR CON
roved by the chief no he hospital by a may nature; (2) Body by xcept where the plant (6) No physicial btained before the	OTHER SIGNIFICAL TO THE DEATH DISEASE OR CON 19A. DATE OF OPER 19A
roved by the ne hospital by nature; (2) x cept where and (6) No phetained before	DEATH (notify medi
hosp hosp natu (6)	Q 21D. TIME (Mo
prov the lany n (exce and obta	22. 1 certify that
app to the of an al (e, th); a	that (X) (we) lost
his certificate must be appure body was released to the hows: (1) An accident of an vas D.O.A. at a hospital (expected by a prior to death); a critten approval must be obtained.	ond hour and from
icate mu was rele An accii L. at a h prior to	23C. PHYSICIAN'S NAME (Type)
this certificate me body was relibows: (1) An accwas D.O.A. at a deceased prior the ritten approva	ROLANI
his certiforms body hows: (1) as D.O. eccased	REMOVAL (Specify
This he be how was	25A, DATE REC'D BY H

4		RTH NO. 66 U9182		HEALTH DEPARTMENT	Registered No.	66 09182	
1	M	RTH NO. USLOZ LE CASE NO. NAME OF DECEASED	CERTIFICA	TE OF DEATH	HOUR OF DEATH		
		TAMES NICHOLAS	PISTOLAS		66	8:45A	
	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution)	on, give street	4. USUAL RESIDENCE (Where a state B. COUNTY MARY LAND	Jeceosed lived. If insti	Balto	
		HOSPITAL OR oddress or location) INSTITUTION			e city limits, write RU	RAL and give township)	
		ST AGNES HOS		D. STREET ADDRESS (If TUTO	ol, give location)	53-00	
6		WILKENS & CA		D 1208 DORAGE			
DBE SI		MALE WHITE MA	RRIED RRIED	2 10 99 tos	67	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
OSITION	do	A. USUAL OCCUPATION (Give kind of work 108, KIND STOREKEEPER Oven if retired)	BAR	GREECE	country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
ŝ	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
della	15	NICHOLAS Pistolas	1 6. SOCIAL	EVELYN MARM	ARY	ADDRESS	
3	(Y	es, no of unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	ST AGNES RECO	RDS	2001.33	
palliled or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,					
E	heort failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES (B) DUE TO						
ns are		DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.					
e remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		tic abress	•		
	PTIFIC.	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	YES	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
Detore	CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bollimore (City, give exoct locotion)	
rained	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At		Y OCCUR?		
0010		22. 1 certify that X() (this haspital) attended	ed the deceased from	7 28 19	56 ₁₀ 9	10 1966,	
90		that 🕅 (we) lost saw the deceased alive	on 9 10	19 66 and that	in(n🐈) (our) opini	an deoth occurred on the date	
		ond hour and from the couses stated abov	e.XJ) (We) (did) (XJX XX) 、	view the body ofter deoth.	le le	23B. DATE SIGNED	
E		The state of the s	M.D. Alle	ending Med. Sto. Ph		9/10/66	
approval must		23C. PHYSICIAN'S NAME (Type) ROLANDO DEL ROSARI		23 D. ADDRESS ST AGNES HOSP	•		
	24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CR			, lown, or county) (State)	
	25		Greek Orthodox	Cemetery Woo	dlawn, Md.	ADDRESS	
3	-		b. E. Farley M. A.	S. D. Rus	Jeonard J	Ruck Inc.	
١	VS	150-REV. 1/1/65			10 000		

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



certificate must be approved by the chief medical examiner

shows: (1) An accident of any nature; (2) Body the body was released to the hospital by

attendance on the

regular

MOS

death kind;

fracture of any pronounced Also,

> physician burns;

> > (except where

death);

at a hospital

was D.O.A.

examiner. who

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

a hospital and

occurred

or his assistant if death

L307		BALTIMORE CITY HEALTH DEPART
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	BALTIMORE CITY	HEALTH DEPARTMENT		66 09184
BIRTH NO. 66 09184	CERTIFICA	TE OF DEATH	Registered Na.	00 00104
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type of George Luther Dixo	n	500	2 10,196	6 111100
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		deceose lived. Il i	nstitution: residence before odmis:
		A. STATE B. COUNT	Y	
HOSPITAL OR oddiess or locotion	or institution, give sheet	The state of the s	de city limite write	RURAL ond give (winship)
INSTITUTION			de city littlis, wille	2 - CO Thistings
3304 Moravia Ave	•	Baltimore D. STREET ADDRESS (If ru	rol, give location)	
00				
	T AAABBARD ALEVER AAABBARD	3304 Moravia A		T. (1) 1 2 2 2 1 1 1 2 2 2
5.Male 6. White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years ost birthdoy)	Months Doys Hours Mi
	Married	July 19, 1887	79	6
10A, USUAL OCCUPATION (Give kind of world done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Sgt. Police	Balto. Police Dept	Maryland		U.S.A.
13. FATHER'S NAME	- 32101 - 02200 20p0	14. MOTHER'S MAIDEN NAM	F	
George W. Dixon		Maria E. Trot		
gente w. pryou		LISTIN P. ILOI	, 6	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	s of service) 16. SOCIAL	17, INFORMANT		ADDRESS
		Was Task W	D:	C
IB.		Mrs. Louise H.	DIXON	Same INTERVAL BETWEEN
HXXII			4	ONSET AND DEATH
DISEASE OR CONDITION DIE	RECTLY	erebol This	\ .	
(This does not mean the mode of	dving e.g. DUE TO	erebiel IMAC	MPOO	
heart failure, asthenia, etc. Il means	The diseose,	,		
injury or complication which coused	deoth.)	1. O of: (1)		
ANTECEDENT CAUSES	DUE TO	1.001/31.C C. C	4	
DISEASES OR CONDITIONS, if				
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloting the (C)			
ONDERETHING CONDITION TOST.				
7 11				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELA				
		100		
19A. DATE OF OPERATION WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED
ER O		No		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX)	While At Not Whil			
(APPROA)	Work At Work			3
22. I certify that (I) (this haspital	attended the deceased from	19 Day 19	166 10 Sen	9-10-1961
that (1) (عسر) lost saw the decease	d alive on Do 1 P) inion death accurred on the
	ed abave. (I) (We) (did) (did_mat) v	•		
23A. SIGNATURE	ed dodver (1) (11e) (did) (everyage)	The body differ death.		23B. DATE SIGNED
7	M.D. Att	ending Med.	Stoll -	OPP a - and
1 a. 17m Ho	Phy	s. Director P	hy s.	SEP 1 2 1966
23C. PHYSICIAN'S		23 D. ADDRESS		
NAME (Type)	M.D.	2-62/ 5/100	1 1	Del vert o
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CR	ENATORY PARTY	princhen I	wo. 17 had
REMOVAL (Specify)	24C. NAME OF CEMETERS OF CR	EMATORY 24D. LO	CATION) /C	City, town, or county) (Sto
Burial 9/13/	66 Mereland Mem.	Park F	Baltimore,	Md.
SEP 12 1966	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ST STIMILE	ADDRESS
SEP 12 1966 (1)	Dro. Pr. E. StarbeuMA	Leonard J. R	mek Inc.	Balto, Md.

9/13/66 Mereland Mem.
HEALTH DEPT. 25B. NAME OF REGISTRAN
12 1966 Police & Jackey M.

VS 150-REV. 1/1/65

25A. DATE REC'D A

Leenard J. Ruck Inc. Balto. Md.

The state of the s

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Such

RTH NO. 66 09185		TE OF DEATH	Registered No.	66 09185
NAME OF DECEASED Tack Jethro	Ingram	9-9	- 66	8 P.
FULL NAME OF HOSPITAL OR Oddress or location)		MARYLAND	Ann	e Arundel URAL ond give township)
UNIVERSITY HE	SPITAL	D. STREET ADDRESS (IF	rurol, give lacation)	52-00
M win	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	B. DATE OF BIRTH	9. AGE (In yeors lost highdoy)	If Under 1 Yr. If Under 24 H Months Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)		11. BIRTHPLACE (State or fore) Hen Tucky 14. MOTHER'S MAIDEN NAM	gn country)	12. CITIZEN OF WHAT COUNTRY?
5. Wos Deceosed Ever in U. S. Armed Fourse?	am		Holcon	a b ADDRESS
(es, na or unkna wn) (If yes, give war ar dotes af ser		MRS France	s L. IngR	an # 4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) H	adakins L)	mphoma	2 years
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dis injury or complication which caused death.)	e.g., DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, is is to the obove couse (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E, INJURY OCCURRED While At Not While Work Not Work			
22. I certify that (1) (this haspital) attention that (1) (we) last saw the deceased alive	on 9-9	19 6 6 and the	9 66 to 9- of in (my) (aur) opin	9 1966 nian death accurred an the a
and haur and from the causes stated about 23A. SIGNATURE		ending Med. S. Director	Stoff Phys.	9-9-66
23C. PHYSICIAM'S NAME (Type)	M.D.	23D. ADDRESS UNIVERSI	TY HOSP	ITAL
Burial 9-13-66	BOLTO Nation		Baltim	ore, Mod
SEP 12 1966	See & Established	25C. FUNERAL DIRECTOR	E.B. Flemi	ing Chen Burnie

To a The Inguin ABADY ETTE - 1948 VALUE DONNERS TY HOS POTAL ME Bliss Lane 11-18-25 40 Garage Worrs Hadegkins Lymphoma Sycies NO NINE

7.84

UNIVERSITY HOSPITHL

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Was the

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(4) Und

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Body burns;

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An accident of hospital death)

the body was released shows: (1) An accident

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occurred

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assistant

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was D.O.A. deceased p

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6

GEORGE

CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

8 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before odmission) B. COUNTY

FULL NAME OF HOSPITAL OR INSTITUTION

(Type or Print)

(If not in hospital or institution, give street oddress or location) BALTIMORE CITY HOSPITALS

Maryland (If outside city limits, write RURAL and Baltimore
D. STREET ADDRESS

(If rurol, give location)

9. AGE (In years

4940 EASTERN AVENUE BALTIMORE. MARYLAND 21224 5. SEX

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

3219 Esther Place B. DATE OF BIRTH

If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours : Min. Hours

Male White Married

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Pile Driver

Raymond onctete 11. BIRTHPLACE (State or foreign country Pennsylvania 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

Noah Calimer 15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (11 yes, give wor or dotes of service)

Belle Patterson

#21224 DDRESS

ues 18.

WW7

SECURITY NO.

6. SOCIAL

212-01-6672A RECORDS-BCH-4940 Eastern Avenue

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoting the UNDERLYING CONDITION lost.

Wile Spread

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CETTIFYING CAUSES OF DEATH? Yes

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? etc.)

MEDI 21 D. TIME OF INJURY (APPROX.)

(Month) (Doy) (Year) (Hour)

22. I certify that (I) (this hospital) attended the deceased from

WAS PERFORMED

21 E. INJURY OCCURRED While At Not While Work At Work

21 F. HOW DID INJURY OCCUR?

ond that in (my) (aur) opinion death occurred on the date

(If in Boltimore City, give exact location)

and hour and from the couses stated obove. (1) (We) (did) (did nat) view the body after death.

23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)

that (1) (we) last sow the deceased alive on.

Attending [M.D. Phys. 23D. ADDRESS

M.D.

Stoff Med.

23 B. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24C. NAME of CEMETERY of CREMATORY

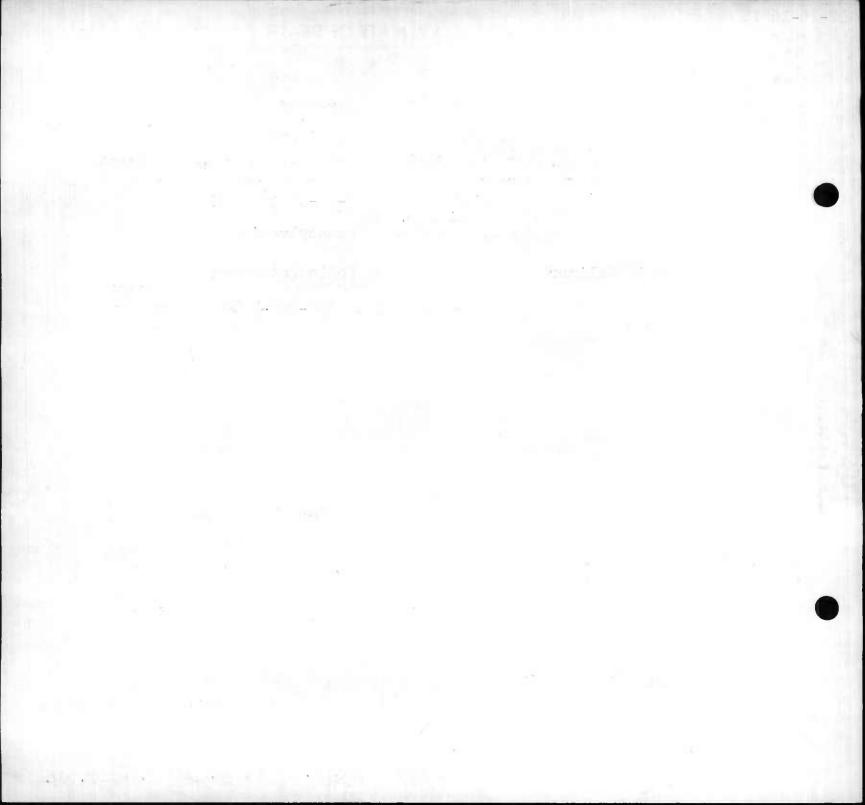
258. NAME OF REGISTRAR CEMETERY BAC. FUNERAL DIRECTOR 25A. BATE REC BY HEALTH DEPT. SEP 12 196

John A. Moran, Inc.

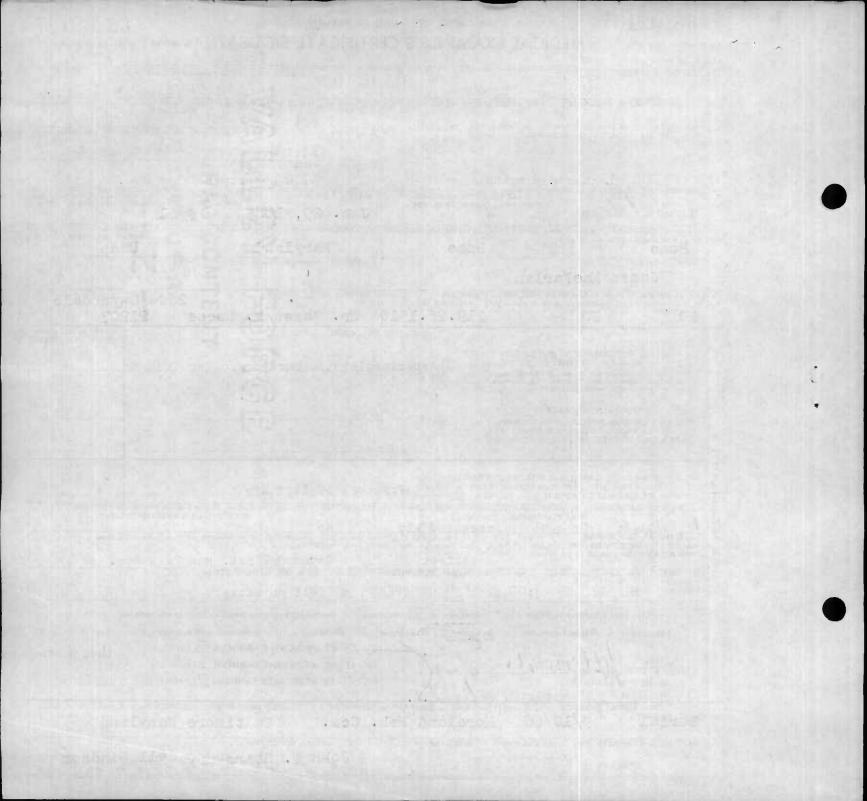
Eastern

V\$ 150-REV. 1/1/65

IMPORTANT DIRECTOR: FUNERAL

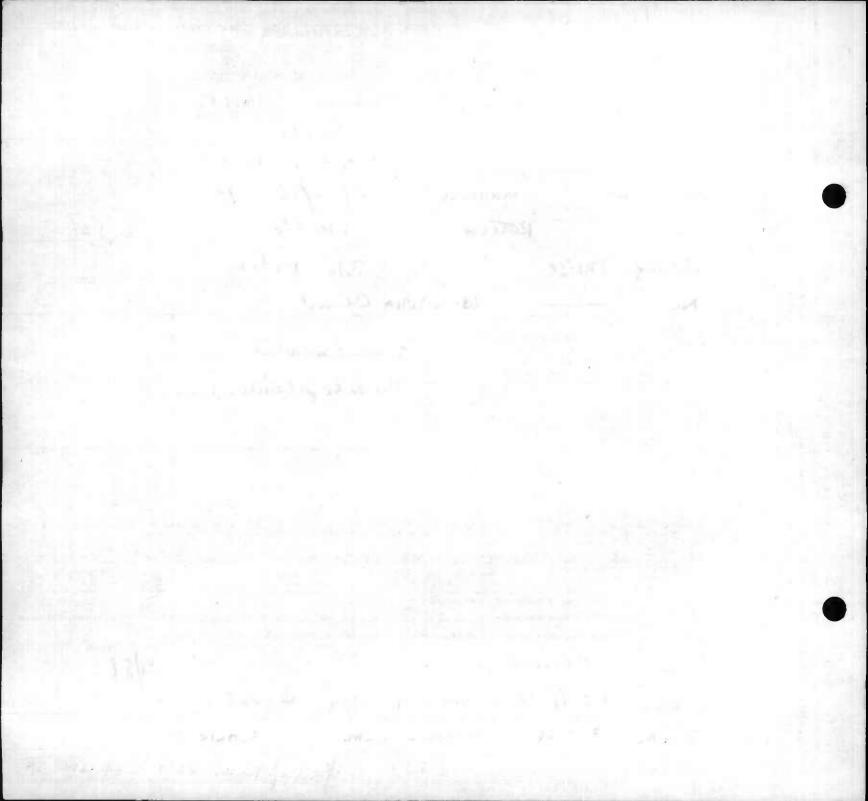


BIRT	'H NO.	MEDI	CAL E	XAMINER 5 C	ERTIFICA	IE OF	DEATH Regis	tered Na	
M.1	CASE NO.								
1. I (Ty)	NAME OF DEC	EASED			1	2. DATE AN	D HOUR PRONOUN		
		Jean		ooks		1.4	9/8/		12:20 p.M.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If in B. C	n stitution: resi OUNTY	dence before odmission)
FUI	L NAME OF	(IF NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	Mar	yland			
HO	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TO	WN (II outsid	de corporote limits, w	rite RURAL o	nd give to washipl
						1timor		5	41
. 1	1				D. STREET ADD				
7	19	Lutheran	Hospit	al			berty Heigh	its Ave	•
5. S	EX	6. RACE		, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In year	Months	r 1 Yr. If Under 24 Hrs. Doys (Hours , Min.
	female	white		W	Jan. 2	9, 188	35	31	
			108. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZ	EN OF
don	Home	orking life, even if retired)		Home	Ma	ryland	1	US	SA.
13.	ATHER'S NAM	E			14. MOTHER'S M				
	Ja	mes MacFar	lan			1			
15.	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	^	2	502PDRES	ynndale
Yes	NO of unknown)	(If yes, give wor or dote	s of service)	219.26.151	A Man T	ower B			
щ		NO		1		ames 1	M. Reese	212	
	18.	チェークルラ	5	CAUS	E OF DEATH				ONSET AND DEATH
	DISEAS	E OR CONDITION DE	RECTLY						
	(This does n	ot meon the mode of	dying, e.g.,		osclerotic	cardi	ovascular d	lisease	
	heort foilure, injury or com	osthenio, etc. It meons	the discose, deoth.)						
		NTECENIDENT CAUCE							
		NTECENDENT CAUSE OR CONDITIONS, IF A		(B)DUE TO					************************
	RISE TO THE	G CONDITION LAST.		002 10					
Z	ONDERCINA	o condition tast.		(C)					******************************
2		II -	1 1						
V		IFICANT CONDITIONS							ECCUPATION
Ĕ		DEATH BUT NOT REI CONDITION CAUSING		Fr	acture of	left h	<u>ip</u>		***************************************
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY	? (Yes or No	20B. IF YES, WERE		
	8/3	L/66 WAS PER	-	ractured hip	no		IN CERTIFYING CA	TOSES OF DE	AIR
MEDICAL	21 A. EXTERNAL UNDERLYING		21 B.	PLACE OF INJURY (e.g., e, form, factory, street,	in or obout 21C. V	WHERE DID	(If in Boltimore City,	give exoct le	ocotion)
ă	UTING ACAUS	E OF DEATH.	etc.)	street			Ave. and N	Main Azz	28-02
Σ	21D TIME	(Month) (Doy) (Year	(Hour)	21 E. INJURY OCCURRED			URY OCCUR?	Ialli Av	E. 54.0
	OF INJURY (APPROX.)	8 27 66	3:00 p	WHILE AT NOT	WHILE X fe	11 on :	stroot		
	22.	2, 00	J.00 mb	WORK LATV	VORK A	LI OII	BLIEEL		
		ify that I held an I	nquiry	Inspection X Au	itopsy an	d that on th	is basis, deoth Ir	my opinla	n
	result	ed fram: Natural car	ses	Accident Suicie	de Homici	de	Undetermined mai	nner 🗌	
		1.0		5/1	CHIEF M	EDICAL E	XAMINER _		DATE CICNED
	SIGNAT	IDE ILLEM	eih.	/ 1/ 1/	ASSISTANT M	EDICAL E	XAMINER X		DATE SIGNED
	EXAMIN	VV	-	Mol	ASSOCIATE M				9/9/66
	NAME (T		er U.	Spitz. M.D.					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23A	BURIAL CREA	AATION, 23B. DATE	2:	C. NAME OF CEMETERY				ity, town, or	
KEI	^oBth's raid	9/10/	66	Moreland Me	m. Hem.	Ba	altimore	Maryla	ind
24/	DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTO	R	-	ADDRESS
		AMERS 4 0 4000	00	BE. Farbert	1 John	7. St	ansbury	6411 X	Vindsor 16
		SEP 12 1968	1/6/08	D. C. Janous,	John!	1 de	contigo 6	411 10	entoly The Pl
VS	151-REV. 1/1/6	5 N 8 20	1. 0	0 0 0 0	17 9 1	(,	E 0 18 19	



K	- 4	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures (2) Rody hums: (3) A fracture of any kind: (4) Undetermined cause: (5) Decaded	was D.O.A. at a hospital (except why (2) the physician who pronounced death was in regular, attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

66 09188	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	66 09188
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
Type or Print) Pickard (1)	meise	9	-S-(. (13:30 H
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		itution: residence before admissi
		A. SIATE B. COUNT	3,0+	
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If outs	side city limits, write RI	JRAL and giventownship)
MARYLAND GENERAL H	LOS OLTOL	Butto	,	1-0
MARYLAND GENERAL *	1026114F	D. STREET ADDRESS (If I	urol, give location)	
48		533 2	1 Konw	oud. Ave
	RIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 H
	OWED, DIVORCED (specify)	2/22/96	ost birthdoy)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
one during most of working lite, even if retired)	tired	Bult		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	4.6	CC 3 VI-
3. FAIRERS NAME				
HENRY Meise		Ida Fita		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	218-36-8691A	Chart		
18. ///	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Deci	membalus	-	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g.,			
injury or complication which caused death.)	eose,	nombo pel cli	F1 1 1	
ANTECEDENT CAUSES	(B)	wonder the con	we Justian	<u> </u>
DISEASES OR CONDITIONS, if any, g	DUE 10			
rise to the obove couse (A) slating			· 0 = 0 = 0 0 = 0 0 = = 0 0 = = = = = 0 0 = = 0 0 = 0 0 0 0 0 = 0	
UNDERLYING CONDITION last.				
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IE VEC WERE EN	NOINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	TOK WHICH OFEKATION	ZOA. AUTOPST: (Tes of 140)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
214 ACCIDENT WAS LINDERLYING	218 PLACE OF INTERVIOR	or about 21 C WHERE DID	(If in Boltimore	City, give exact facation)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	til ili bolismore	City, give exact locoson
U	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Work At Work	e		
22 1		1		10
22. I certify that (I) (this hospital) attend		1		19
that (I) (we) lost saw the deceased alive	on	19ond the	it in (my) (our) opini	on death occurred on the
and hour and from the couses stated abo	ve. (1) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNATURE				23B, DATE SIGNED
Degrand Chille	M.D. Atte	ending Med. Director	Stoff Phys.	9/8/6
23 C. PHYSICIAN'S		23D. ADDRESS		406
NAME (Type)	63.5 (M) M.D.	and lery	of cv and	2
4A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY of CRI	MATORY 1245	CANON	Annua or count to term
REMOVAL (Specify)		7	· ·	, town, or county) (State
BURIAL 7-12-66	PARKWOOD (EW.	SALTO. MS	
000 40 4000 0	ME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS &
SEP 12 1966 P. Le	o E, Janker MA	Han Town	Dle - 2334	Jefferson &
/\$ 150-REV. 1/1/65		CON THE	-	0.11



VS 150-REV. 1/1/65

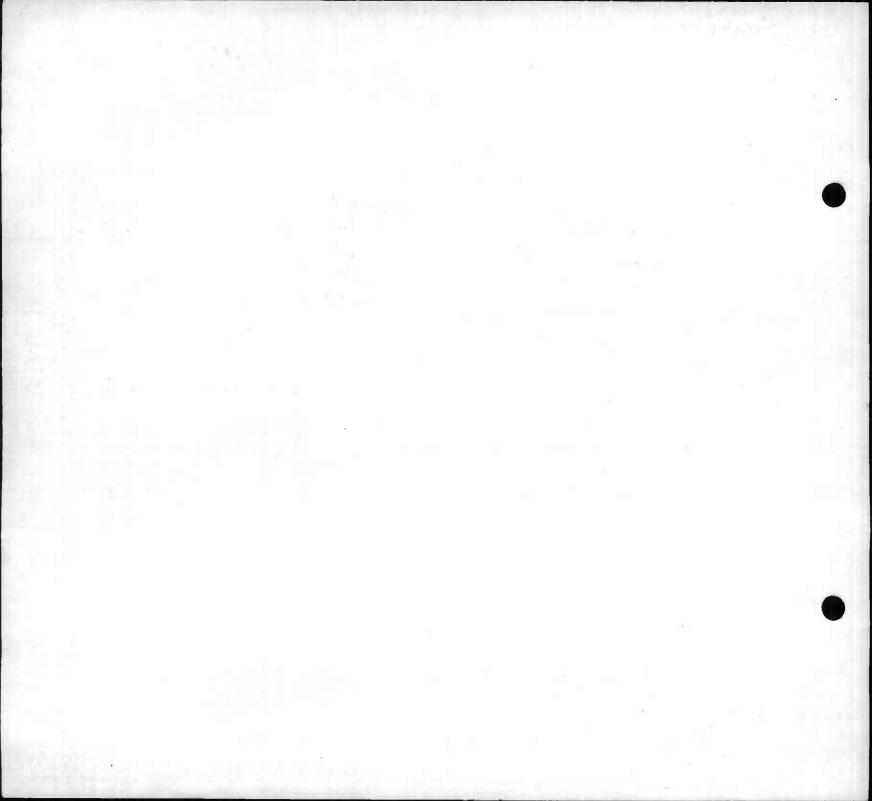
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	_	-		-		

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

66 09189

SIRTH NO.	CERTIFICA	IE OF DEATH	Registered No.	
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
Type or Print) CLARK, JIOLE	+	91	5/66	1395 01
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If in:	stitution: residence before admission
		A, STATE B. COUNT	Howard	
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	C. CITY OR TOWN (If outs		110.41
INSTITUTION		1 1		UKAL and give township)
		D. STREET ADDRESS (III	ural, give location)	95-00
UNIVERSITY HOS	PITAL	2 100 C	ord, give location/	
70		DOX 100-C		
	NEVER MARRIED OWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
70	OF BUILDINGS OF INICIDETRY	11. BIRTHPLACE (State or foreign	.28	12. CITIZEN OF
DA, USUAL OCCUPATION (Give kind of work 10 B. KIN one during most of working life, even if retired)	D OL BOZINEZZ OK INDOZIKI	A /	gn country)	WHAT COUNTRY?
Jomestic		Maryland	4	U.S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Frank () Ark		Eliza ?		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dates of serv	SECURITY NO.	Rosalie Ana	terson	item # 4
		110001110	7675077	· · · · · · · · · · · · · · · · · · ·
18,260X	CAUSE O		115	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH		GESTIUR HEAR	T FAILURR	4-ma
(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the disc	ose.			
injury or complication which caused death.)	1/400	RTENSION, ESSE	2015/11/2	C
ANTECEDENT CAUSES	DUE TO	TICKISLOW, COST	GIVI (ITCL:)	
DISEASES OR CONDITIONS, if any, gi	vina			1
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C) VIH	BRITES MELLIT	<u>us</u>	10 42
				9
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	home, form, foctory, street, of	tice bldg., INJURY OCCUR?		
		215 110111 010 11111	Inv Occiles	
OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	ORT OCCUR!	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attend	led the deceased from	1	9to	19
that (I) (we) lost sow the deceased alive				
	,		(оог, орп	acom occorred on the de
and hour and from the couses stated above	(e. (i) (We) (did) (did not) v	new the body ofter deoth.		23B. DATE SIGNED
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff F	ZSB. DATE SIGNED
Turt De	M.D. ATTE	s. Director	Stoff Phys.	9/5/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
KURT P SLIGA	M.D.	UNIVERSITY	HOSPITAL	BALTO, Md
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRI			ly, town, or county) (State)
REMOVAL (Specify)	1St Route LI	hurch Com (1. Hound	Mt.
1016 14 N 1/0/66 /	ME OF REGISTRAR	DEC FILMERAL DIRECTOR	411019	ADDRESS /
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF KEGGERAK	25C, FUNERAL DIRECTOR	1	ADDRESS ALL



was D.O.A. at

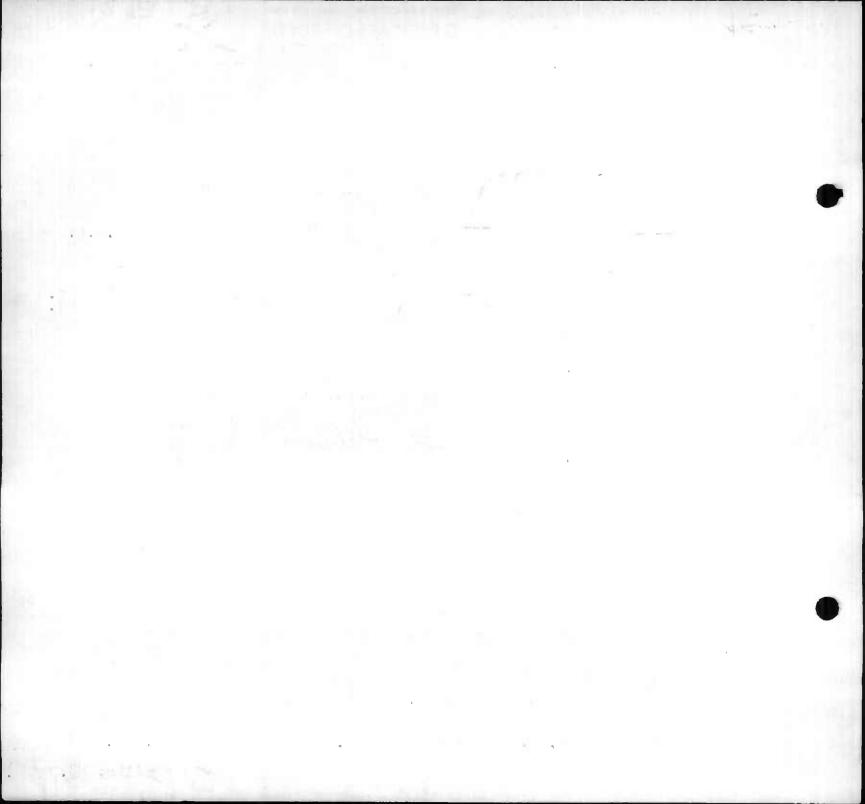
attendance on the

a hospital and

	GI-2071666 091	BALTIMORE CITY	HEALTH DEPARTMENT		ee 00	2100 6
11		CERTIFICA	TE OF DEATH	Registered No	66 09	3130
1.	A.E. CASE NO. NAME OF DECEASED Type or Print) ALAN D.	MARSHALL	2. DATE A	9-8-66	10.	15 P ,
3.	PLACE OF DEATH IN BALTIMORE, MAI		A. STATE B. COUNTY			before odmission
	HOSPITAL OR oddress or locotion INSTITUTION		C. CITY OR TOWN (IF OR REISTERSTOWN	tside city limits, write R		wnship)
200	THE JUHNS H	OPKINS HOSPITAL		rural, give location)	0000	
	SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 7-16-61	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
	OA. USUAL OCCUPATION (Give kind of work ane during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gign country)	12. CITIZEN OF WHAT COU	
,	3. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	0.5.	. 8.
	ANTHONY M. MARSHA	ALL	MAXINE	CHESTER		
Ý	5. Was Deceased Ever in U. S. Armed Ford Yes, no or unknown! (If yes, give wor or date: NO	s of service) 16. SOCIAL SECURITY NO. None	Anthony Mar	shall 6 Su	nny King terstown	
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the made of hearl failure, astheria, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A)	dying, e.g., DUE TO the disease, death.) (B) DUE TO	ordiae Suryl Conquitive It	hund earl failure earl Duson		AL SETWEEN AND DEATH
	UNDERLYING CONDITION Inst. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1194, DATE OF OPERATION 1198, CON.	TED TO THE	Thullidamike Tullings [20A. AUTOPSY? (Yes or N	4	Dong Ano	
	9/2/66 WAS PERF WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	WIN CHANTRE	NO	IN CERTIFYING CAL	USES OF DEATH?	
6	OF INJURY (APPROX.) (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At		JURY OCCUR?		
	22. I certify that (I) (this haspital that (I) (we) last sow the decease and hour and from the causes state	9/2	19 & and th	19 68 ta not in(my) (aur) opin	nian deoth accu	urred an the do
	23A. SIGNATURE AUSTUM 23C. PHYSICIAN'S NAME (Type)	rooper for M.D. Atte	ending Med. s. Director 23D. ADDRESS	Stoff Phys.	23B. DATE SIGNI	3/66
	JULIUS PAREMOVAL (Specify)	24C. NAME of CEMETERY of CRI 2,1966nEvergreen 25B. NAME OF REGISTRAR	MATORY 24D. I	Finksbur		(Stote)

258. NAME OF REGISTRAR SEP VS 150-REV. 1/1/65

Owings Mills, Md.



rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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An accident of

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	66 09191	BALTIMORE CITY	HEALTH DEPARTMEN	Т	66 09191
BIRT	н но.	CERTIFICA	TE OF DEATI	H Registered No	•
	CASE NO.				
	AME OF DECEMBELS A. Yarrish	OXX		ot, 8, 196	
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	1212121	4. USUAL RESIDENCE		institution: residence before admission)
1	ULL NAME OF (If not in hospitol or instituti IOSPITAL OR oddress or location)	on, give street	Md. L	Baltimore	RURAL and give township)
		11- notal	Baltimo		3-00
4	Union Memorial	HOSPITAL	3619 FOL	(If rurol, give location)	
5. S	M Nylbo	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE O.F BIRTH	9, AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Painter Opp	liance Mitch.	Maryla	nd	45.A.
13,	FATHER'S NAME	sh	14. MOTHERS MAIDEN	Webster	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	71070101	ADDRESS
l	, no or unknown) (If yes, give wor or dotes of service)	e) SECURITY NO. 220-01-2087	Charles	Yarrish	856 W 37th St
1	10				PRIMORE MU.
	1B. 4490 X 1	CAUSE O	F DEATH		ONSET AND DEATH
1	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	1.6	ar Proum		en dans
	(This does not meon the mode of dying, of heart failure, asthenia, etc. It means the disectingury or complication which coused death.)		<u> </u>	O.M.I. Commission	1000,00
	ANTECEDENT CAUSES	(B)			ence a parapara (ma parapa pé a anapa qué a paén Pmbyéryédia mir didid Pmir O mir G DD D didiga
	DISEASES OR CONDITIONS, if ony, giv	ing			
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (C)		***************************************	
] [11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Malnu	trition		
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	ID (If in Boltime	ore City, give exact location)
000		21 E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
×	OF INJURY (APPROX.)	While At Not While Work Not Work	e		
	22. I certify that (b) (this hospital) attende	d the deceased fram	ept 1	1966 to 50	pt 8 1966.
	that (+) (we) lost sow the deceased alive (in Sept 8	19 66 on	ed that in (my) (our) o	pinion deoth occurred on the dote

and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.

A. SIGNATURE		A		
Mats	Watson.	16	M.D.	Atlending

Med. Director 23D. ADDRESS

Staff Phys.

23B. DATE SIGNED

23°C. PHYSICIAN'S NAME (Type)

WATSON **YR**

THE MEMORIAL UNION 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial SEP 12 196

9-12-66

24B. DATE

E

Holy Redeemer Cemetery
ME OF REGISTRAR

REGISTRAR 25B. NAME OF REGISTRAR

Baltimore, Maryland

ADDRESS

VS 150-REV. 1/1/65

Liberty Hghts. Ave

George L. Yarrish English a contra Charles Marnet Special AT JET SEED OF THE SET OF THE SET

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BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	

CITY OR TO

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EATH	Registered Na.	<u>66</u>	<u> 19192</u>	
2. DATE AND	11/1/16		3-0	м.
B. COUNT	1-1			on)
. 14.	side city limits, write		52-00	
DRESS (IF I	urol, give locohom4 (13 Buch	xingham R	d.
XH 9	AGE (In years	If Under 1) Months i Doy	r. If Under 24 h	

Under 1 Yr. nths! Doys

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

Oniversity	Hospital	D. STREET ADDRESS	(If rurol, give locohom4	013
5. SEX 6. RACE Cavcusion	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Mo

66 09192

oddress or location)

(If not in hospital or institution, give street

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH

FULL NAME OF HOSPITAL OR

INSTITUTION

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hospital

done during most of working life, even if retired) 13. FATHER'S NAME

ADDRESS SECURITY NO.

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

218. PLACE OF INJURY (e.g., in or boout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY

While At Not White (APPROX.) Work 22. I certify that (1) (this haspital) attended the deceased fram.....

that (I) (we) last saw the deceased alive an... 19 and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

23A. SIGNATURE

Attending Med. Stoff 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

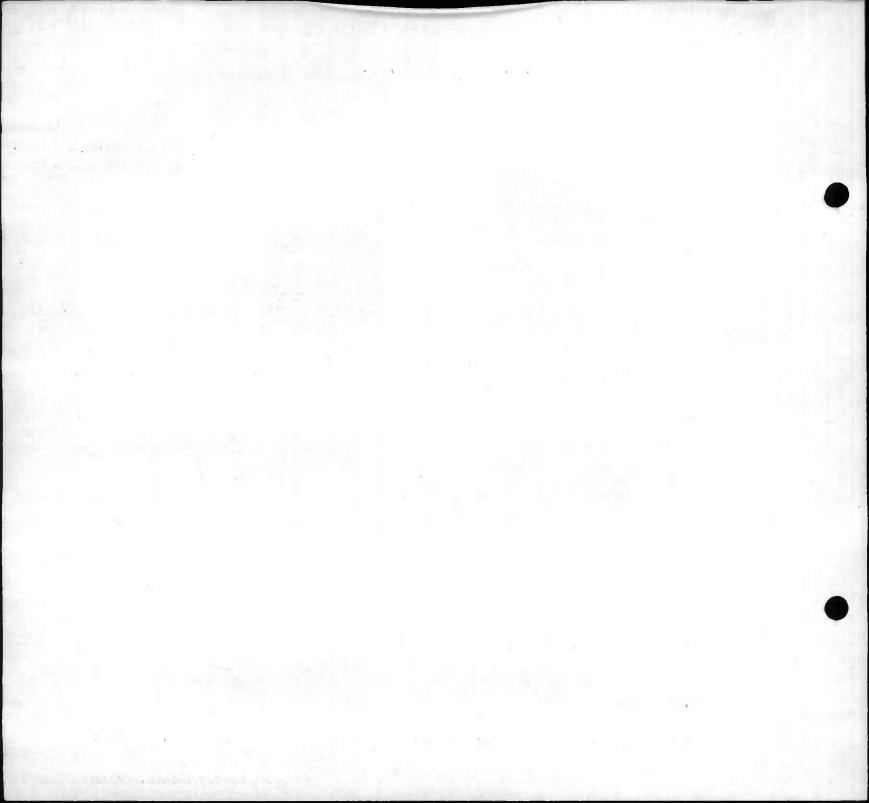
B. Ann Ward 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify

24D. LOCATION (City, town, or county)

Holy Family Cemetery Randallstown, Maryland 9-15-66 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

M.D.

4600 Liberty Hghts, Avenue VS 150-REV. 1/1/65



BIRTH NO. M.E. CASE NO. 66 U9193 CERTIFICATE OF DEATH Registered No. 66 U9193					
1. NA	IAME OF DECEASED WAR V Jane GRADV	2. DATE AND HOUR-OF DEATH 4-9-1966 1145			
3. PL	PLACE OF DEATH IN BALTIMORE, WARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admissing A. STATE B. COUNTY			
H	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress ar location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RUBAL and give township)			
34	BON SECOURS HOSPITAL	D. STREET ADDRESS (If rurol, give focotion)			
5. SE	Fe 3. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10st birthday 10st birthday 11st Under 1 Yr. If Under 24 Hours Mi			
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS e during most of working life, even if retired)	RY 11. BIRTHY A CE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	vertising Solicitor News Paper	Patto nd 45H			
13. F		14. MOTHER'S MAIDEN WAME			
15. W	John Uhler Lemmon Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Agnes J. Hanafin			
	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.				
1		OF DEATH INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
	La	Kumita (t) hop. 3 days			
	(This does not meon the mode of dying, e. heart failure, asthenia, etc. 11 means the disease injury or complication which coused death.)	Inerteurise Cordinare Part of no			
	ANTECEDENT CAUSES	9 (000 000) (000)			
	DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.				
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RACTURE, OF LEFT HIP			
	19A. DATE OF OPERATION WAS PERFORMED TO WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CALC	DEATH modify medical examiner) Manual Control of the control of t	office bldg., INJURY OCCUR?			
S C	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	thite of fell Councy out of bathorn.			
2	22. I certify that (1) (this haspital) attended the decoased from	19-6-66 49 to 4-9 196			
	that (I) (we) last saw the deceased alive an 4-9	19 & G and that in(my) (aur) apinian death accurred an the			
_	and haur and from the causes stated above. (1) (We) (did) (did no) view the bady after death. 238. DATE: SIGNED			
	Mh K. Olecturación M.D.	Attending Med. Director Phys. 9-4-66			
2	23C PHRYLAN'S WAME (Type) HATERED K. WIEDYANN M	D. 715 PARK AVE			
24A.	REMOVAL (Specify) 9/13/66 Cathedral Ceme	crematory 24D. Location (City, town, or county) (5to			
	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS			

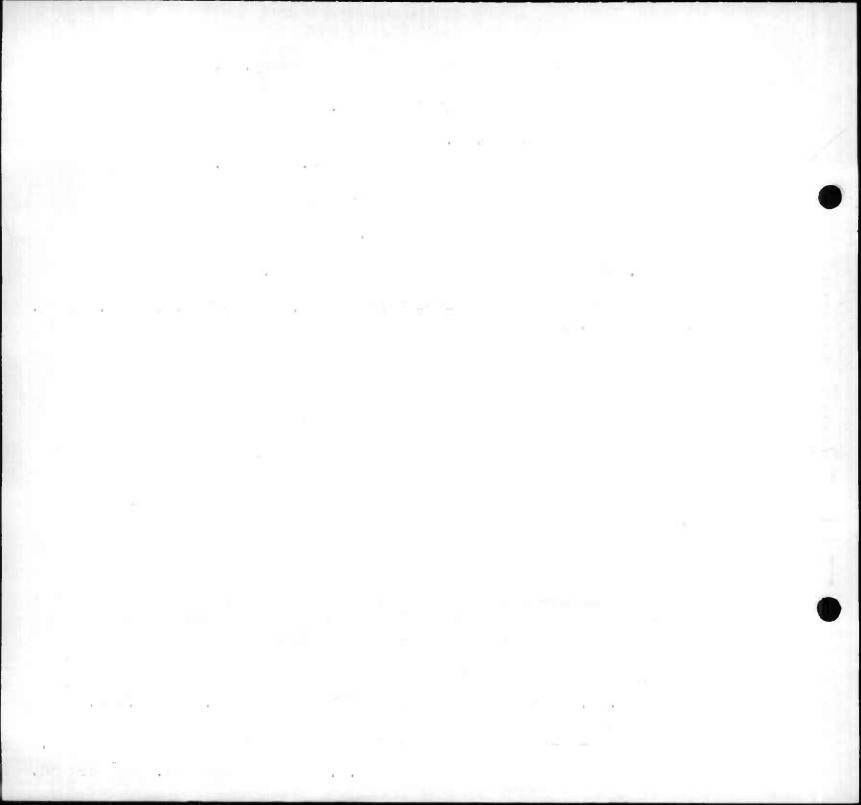
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min fra	except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	¥ op ≯

BALTIMORE CITY HEALTH DEPARTMENT 66 09194 Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Ernest Emil Bentz Sept. 9, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE (If not in hospital or institution, give sheet Md FULL NAME OF HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) INSTITUTION Baltimore Harford Gardens N. H. D. STREET ADDRESS (If rurol, give location) 347 E. 29th St. 7, MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years tf Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdov M W Single 4-10-1895 tOA, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fateign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Confectionary Stre. Maryland USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Amelia D. Goetz Carl G. Bentz 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 213-30-6131Robert G. Koch 3913 Ednor Rd., Balto. Yes WWI ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased fram 19 66 that (1) (we) last saw the deceased alive an and that in(my) (our) apinian death accurred an the date and haur and from the courses stated abave. (1) (We) (did) (did-not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director menerna 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typ 3202 Harford Rd., Balto., Md. Zimmerman L. M. 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, ar county) (State) REMOVAL (Specify) 9-13-66 Burial Baltimore National Baltimore Md. 25C. FUNERAL DIRECTOR ADDRESS 25B. NAME OF REGISTRAR

H.W. Jenkins & Sons Co. 4905 York Rd. VS 150-REV. 1/1/65



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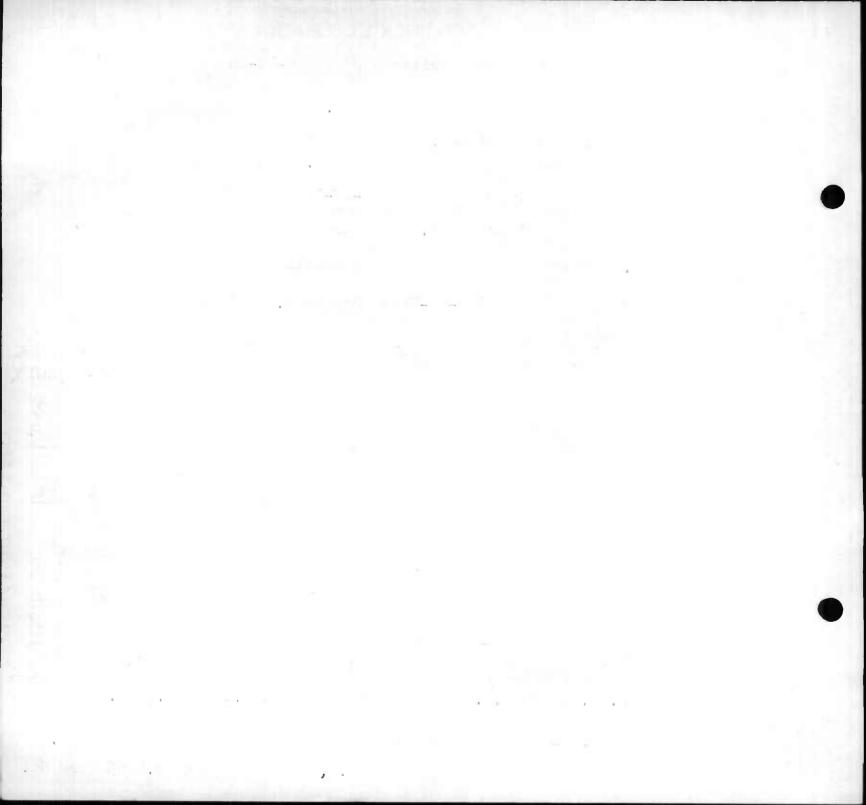
VS 150-REV, 1/1/65

of death Deceased

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BALTIMORE CITY HEALTH DEPARTMENT 66 09195 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 9-10-66 Patrick Allison Morison 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 218 Ridgewood Road Inc. D. STREET ADDRESS (If rural, give location) 6 addis Come Home St. Dunstans Garth . MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Hours lost birthdoy 7-22-1889 Widowed IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA State of Md. Maryland Engineer 14. MOTHER'S MAIDEN NAME Pricilla White Ernest N. Morison 5. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Yes, no or unknown) (If yes, give wor or dotes of service) 20-36-7607 Above Robert B. Morison WW Yes CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, oslhenio, etc. If means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour 21E, INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Wark 22. I certify that (I) (this hospital) ottended the deceased from ... Dec that (1) (we) last saw the deceased alive an. and that in (my) (our) opinion deoth occurred on the dote ond hour and from the causes stated above. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending 1 M.D. Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1403 Park Ave., Balto., Woody 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Pikesville 9-13-66 Md. Druid Ridge Burial 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.



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E	ospital and	nce on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ed prior to c made.
N IN	nt if death oc direct or cont	i; (4) Undeterr th was in re	disposition is
FUNERAL DIRECTOR: IMPORTANT	or his assista Also, if the	nounced deat	deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
DIRECTOR:	ical examiner	is; (3) A tractu cian who pro	as in regular ains are emba
FUNERAL	the chief med il by a medic	(Z) Body burners the physi	physician we
	approved by to the hospita	of any nature; il (except wh	be obtained by
	icate must be was released	An accident o	prior to death
	This certif	was D.O.A	deceased written as

elett No. 66 09196		HEALTH DEPARTMENT		66 119196
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 00100
1, NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	14:50 0
3. PLACE OF DEATH IN BALTIMORE MARYLAN	10	14. USUAL RESIDENCE (VI)	deceased lived. If inst	itution: residence before admission
		A. STATE B. COUL	YTY	itution: residence before admissio
FULL NAME OF ()f not in hospitol or inst HOSPITAL OR oddress or location)	itution, give sheet	C. CITY OR TOWN OUT OF	utside city limits, write RU	IPAL and give township)
INSTITUTION .	. 1	D OL	rnere	27-0
Maryland Ged	0.26.4		rurol, give location)	0000
		4303	Marblet	all Mond
(- / W	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, 1	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	an country	12, CITIZEN OF
done during most of working life, even if retired)		Md	. gir coomy	WHAT COUNTRY?
None 13. FATHERS NAME		14. MOTHER'S MAIDEN NA	AAF	U.S.A.
To all And :		20 . 1		D
James Attilg	1 6. SOCIAL	17. INFORMANT	e Ceca	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give wor or dates of s	ervice) SECURITY NO.	ah	La	ADDRESS
18.	214-20-0542 CAUSE O	E DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	v			ONSET AND DEATH
LEADING TO DEATH	(A)	Artenosclerol	e Cardio -	3 M-4:5
(This does not mean the made of dying heart failure, asthenia, etc. It means the o	g, e.g., DUE TO	Jascular	and	
injuly al camplication which caused death	(.)	Coulus Vas	Sulan des	(nal)
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving (C)	Ri Commany tay	foli denoval	7
UNDERLYING CONDITION last.	modeum an	d tectiony.	vestels.	
OTHER SIGNIFICANT CONDITIONS CONTR	IRLITING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
		20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FILL	NDINGS CONSIDERED
E 0		yes		
OR CONTRIBUTING CAUSE OF DEATH (notify medico) exominer)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
0				
OF INJURY	While At Not While	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	Work At Work	Ofi	- , ,	010
22. I certify that (I) (this haspital) atte	9/0	11	19 6 to	7/8 1966
that (I) (we) lost sow the deceased ali	•			on deoth occurred on the d
ond hour ond from the couses stoted of	ove. (1) (We) (did) (did not) v	iew the body ofter death.		23B, DATE SIGNED
To the political	M.D. Atte	ending Med.	Stoff T	GICKG
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	0/0/4
NAME (Type)	Darton M.D.	421	a. Dener	Line a sil
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. I	OCATION (City	town, or county) (State)
REMOVAL (Specify)				
Burial 9/12/1966 25A. DATE REC'D BY HEALTH DEPT. 25B. 1	Lorraine Par	2SC. FUNERAL DIRECTO	R	Balto.Co., Md.
SEP 12 1966 R.C.	BE Fallen	H. W. Jenkin	is & Sons C	
VS 150-REV. 1/1/6S		0-0-1-0-1	Baltim	ore 12, Md.

aporte that he have not Bond Barrell Commencer 12 16 m VI Y. The second of th

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

66 119197

BIRTH NO. 00 USLS/	CERTIFICA	TE OF DEATH	Registered Na.	GO OOTOL	
1. NAME OF DECEASED (Type or Print) POL DIA MC V F. D.	1-7 . /- 14111		AND HOUR OF DEATH	1011 1025	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ZIE WIL			nstitution: residence before odmis	M.
FULL NAME OF (If not in hospital or institution	, give street	MARYLAN	10		
HOSPITAL OR oddress or location)	9"	77	outside city limits, write	URAL and give township	
UNION MEMORIAL	110=0.70.	D. STREET ADDRESS	(If rurol, give location)	PLUN	
	O, NEVER MARRIED	B. DATE OF BURTH	VIVERSITY 9. AGE (In years	If Under 1 Yr If Under 24	Hrs.
	ET PIVORCED (specify)	7/16/98	lost birthday	Months Doys Hours Mi	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
ACCOUNTANT HCT	TOUNTING	MAKYLA 14 MOTHERS MAIDEN	ND	U.SA.	
DE ABRAM LIVE	10015	FRANC	ce Cun	K NOV. LAZ	
15. Wos Decedsed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ZB (U)	ADDRESS	
YES WIKKEOUN W.W.I	2W5=03+75	3CHART	BLANCHE T	. WILLIAMS AE	3019
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(A) /1e	natemesis	+ perfor	ulcan	
(This does not mean the made of dying, e.g. heart foilure, osthenia, etc. It means the diseos injury ar camplication which caused death.)		Cotine 1	elce		
ANTECEDENT CAUSES	(B) DUE TO			e de destruitação personale e e en distribução de de de seu se mandre en seu de de destruita de destruita de de seu seu destruita de de destruita de	
DISEASES OR CONDITIONS, if ony, givin rise to the above cause (A) stating the UNDERLYING CONDITION last.	-			- SW	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG Fecal in	sation, de	vetrialit	is perforates	1
U 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED SIGNOOD	OF PERATION COLON	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	24
O 21 A. ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o c.)	n or obout 2 C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltimon	e City, give exoct location)	
21D. TME (Month) (Doy) (Year) (Hour) 21 OF INJURY	/hile At Not While At Work	e	NJURY OCCUR?		
22. I certify that (1) (this hospital) attended	the deceased fram	AUGUST 18	19 66 to SE	PTEMBER9 196	6.
that (1) (we) last saw the deceased alive an	SEPTEMBER	9 19 66 and	that in (my) (aur) ap	inion death occurred on the	date
and haur and from the causes stated obave.	(I) (We) (did) (did not)	view the bady after deat	h.	23B, DATE SIGNED	
Charles & Box.	M.D. Attr	ending Med.	Stoff Phy s.	Spl 9,196	16
23C. PHYSICIAM'S NAME (Type) CHARLES E. BORING,	M.D.	23D. ADDRESS	/	DSPITAL	90
	NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	ity, town, or county) (Sto	ite)
Burial 9-12-66 W	oodlawn	V	Voodlawn	Md	•
25A. DATE REC'D THEALTH DEPT 966 25B. NAME	OF REGISTRAR	H.W. Jenkir		0.4905 York Re	d.
VC 150 PSV 1/1//5	The state of the s	0 0 0	13		

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MARYLAND

DR. ABRAM WILLIAMS FRANCES COKNOWN

OUNK COUNT WILLIAMS OWART

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ENGERGES & PR 25-25-18

Marles E, Boney Jr.

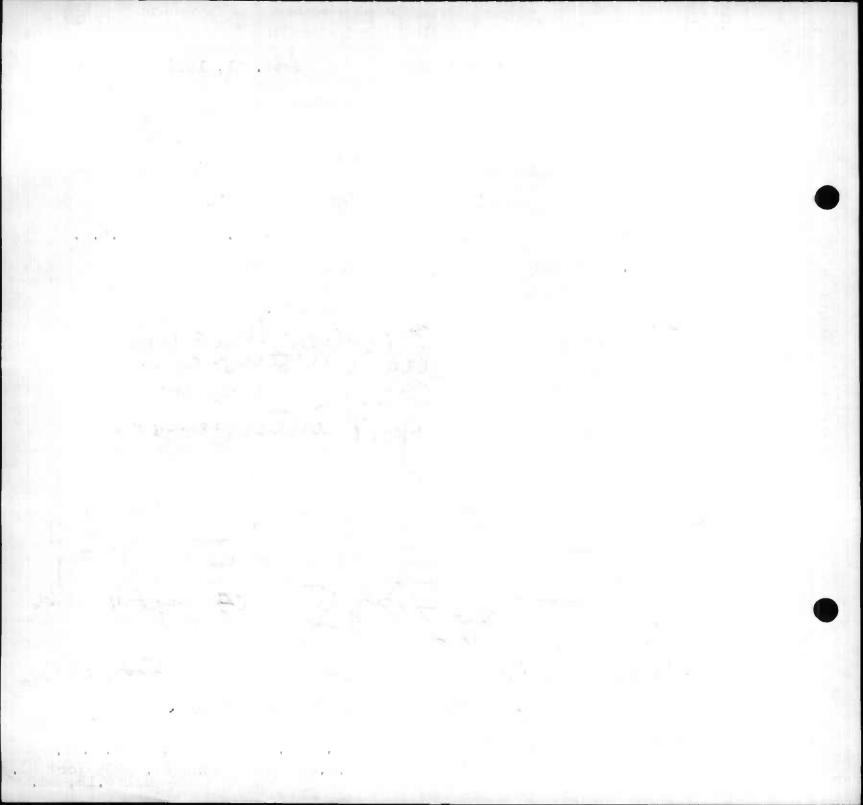
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	BALTIMORE CITY HEALTH DEPARTMENT
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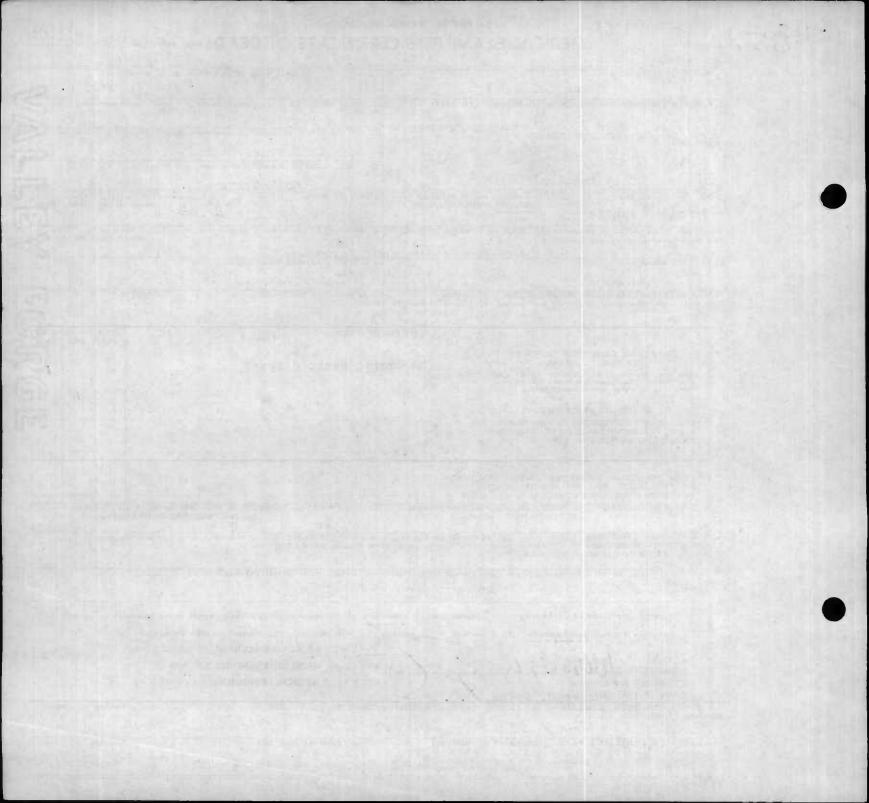
		CC	1010
Registered	No	UE	21273.7

BIRTH NO		8 CERTIFICA	TE OF DEATH Registered No.	60 WHY5			
	OF DECEASED		2. DATE AND HOUR OF DEATH				
(Type or Print) Edith Jane Wiegand			Sept. 11, 1966				
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUNTY A. STATE B. COUNTY				
		or institution, give street	Maryland				
HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
5912 Ayleshire Road			Baltimore 12 D. STREET ADDRESS (If rurol, give location)				
00			5912 Ayleshire Road				
5. SEX	6. RACE	7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
F	W	Married (specify)	8/23/189/1 lost birthdoy) 72	Williams Days Troots Williams			
		108. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
	g most of working lite, even if retired) LSOWITE	Own Home	Baltimore, Md.	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Tho	mas J. Robinso	n	Molly Taylor				
15. Was I	Deceased Ever in U. S. Armed For unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No	2200111110	William D. Wiegand	(Same)			
18.	420.11	CAUSE 9	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIE	RECTLY OVA	weling myotel	-du			
(This	LEADING TO DEATH	duine	To andrew Point	0			
hear	does not mean the mode of failure, asthenio, etc. It means	the disease,					
Injur	y or complication which coused ANTECEDENT CAUSES	deoth.)	men manhe	0			
Dice		DUE TO	1	<i>_</i> .			
rise	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) The American Conditions (C) The conditions (
UNI	DERLYING CONDITION last.	A -					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		e City, give exact tocotion)			
0 21 D.	TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
11 > 1	NJURY ROX.)	While At Not Whi	le 🛕				
22		1	10/1	nd 11 1066			
	22. 1 certify that (1) (this hospital) attended the deceased from						
that (1) (we) last saw the deceased alive an entry (19 and that in (my) (arr) applyian death accurred an the and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED							
						Model Must m. M.D. Allending Med. Stoff Phys. Stoff Phys. Stoff Phys.	
23C.PHYSICIAN 2 NAME (Type)							
Donald W/ Mintzer M.D. 3009 Evergreen Ave.							
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
Burial 9/14/1966 Dulaney Valley Mem. Brds Timonium, Balto CoMd.							
25A. DATE REC'D BY HEAUTH DEPT 253. MAME OF REGIS RAR 25C. FUNERAL DIRECTOR ADDRESS							
H.W. Jenkins & Sons Co. 4905 York Rd.							
VS 150-R	EV. 1/1/65	•					



VS 151-REV. 1/1/65

BIRTH NO. MEDI	CAL EXAMINER'S	CERTIFICATE OF DEATH	Registered No. 66 09133		
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print) Eleanor.	EV Smink	2. DATE AND HOUR PRO	9/8/66 5:05 p.		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE Maryland	d. If institution: residence before admission		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN (If outside corporate lim	its, write RURAL and give township)		
		Baltimore D. STREET ADDRESS (If rurol, give locotion)	5370		
3 City Hospita	als	6805 Roberts Av			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)	B. DATE OF BIRTH 9. AGE (I	n years If Under 1 Yr, If Under 24 Hrs.		
female white	, and the second	march 8-1922 44	148		
IOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TOB KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
clark.	Edwards Unthing	Penns	24. 1 1.		
3. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	1		
Unknown.		Stilla Krazeurk	e:		
15. WAS DECEASED EVER IN U.S. ARMED Yes, no orunknown (If yes, give wor or dote		17. INFORMANT	ADDRESS		
	187-18-24	YKS			
18. 4 / L X	CAUS	E OF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DI	RECTLY		ONSET AND DEATH		
LEADING TO DEATH	, Rheur	matic heart disease			
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused of	dving, e.g., DUC TO				
injury or complication which coused of	or complication which coused death.)				
ANTECENDENT CAUSE	(0)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
Z	(Cl		***************************************		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
TO THE DEATH BUT NOT REL	ATED TO THE				
19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or Not 20B. IF YES,	WERE FINDINGS CONSIDERED		
WAS PERI	FORMED		G CAUSES OF DEATH?		
₹ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)		
UTING CAUSE OF DEATH.	etc.)	onice stags, INJORI OCCOR?			
21D TIME (Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)	WHILE AT NOT	WHILE			
22,	m. WORK AT	WORK L			
I certify that I held on I	nquiry Inspection A	utopsy x ond that on this bosis, dec	oth in my opinion		
resulted from: Notural cou	ses X Accident Suici	de Homicide Undetermine	d monner		
1.0	6/6	CHIEF MEDICAL EXAMINER	DATE SIGNED		
SIGNATURE ALLS	Sh. Gail MI	ASSISTANT MEDICAL EXAMINER	DATE SIGNED		
EXAMINER'S	700	ASSOCIATE MEDICAL EXAMINER	010100		
NAME (Type) Werner U	. Spitz, M.D.				
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION	(City, town, or county) (Stotel		
Bural 9-18	2-66 Hardene	+ Faith Baltin	on mel.		
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS		
SEP 12 1966	P.O. 82 700	Watter Dalaurs	n 1005 Dundalh a		
	NELTON SWILL IN THE THE STATE OF THE STATE O	11/20000			



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2	DIDT	H NO. 66 09	200				66 09200
	M.E.	. CASE NO.				AND HOUR OF DEATH	545 ch.
				rs srelle	9///	100 000	7710
i	F	ULL NAME OF (If not in h	aspital ar institutian,	give street	May /2n <	OUNTY outside city limits, write RI	balto
			a a Hm	152,192	00.		53-00
	35	Sharek Hon	ae w//0	9			(22)
	5. SI	FX 6. RACE	WIDOW	ED, DIVORCED (specify)	8. DATE OF BIRTH 2/8/2	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
1			CERTIFICATE OF DEATH CERTIFICATE OF DEATH				
	K	11 - 11-					
2			nbloush	ci			KARFINIEZ
3	15, V (Yes.	Was Deceased Ever in U. S. Arr	ned Forces?	1 6. SOCIAL	ATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH 6 45 a.m. A. USUAL RESIDENCE (Where deceosed lived. II institution residence before admission) A. STATE 8. COUNTY Mex / 2nd C. CITY OF TOWN (II outside city limits, write RURAL and give township) B. 2/h: Nove D. STREET ADDRESS (II rurol, give location) I 940 Hayoham Rd (22 8. DATE OF BIRTH 9. AGE (In years lost bindedy) Months; 1039: Hours Min. E. 2/h/2 (1015) Hours Min. B. 12. CITIZEN OF WHAT COUNTRY HARDOMESS INTERNAL BETWEEN OF DEATH ON DEATH OF DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OF DEATH OF DEATH ONSET AND DEATH ONSET AND DEATH OF DEATH OF DEATH ONSET AND DEATH ONSET AND DEATH OF DEATH OF DEATH ONSET AND DEATH OF DEATH OF DEATH ONSET AND DEATH OF DEATH ONSET AND DEATH OF DEATH ONSET AND DEATH OF DEATH		
	1	YO		Unknows	CASIMIR BAND	TZWOLEK 194	WAREHAM RD
				SECURITY NO. LINCHOLD CASIMIR BANDZWOLEK 1940 16-09-45545AUSE OF DEATH Periforitis. Small	INTERVAL BETWEEN		
		hearl failure, asthenia, etc. 11	meons the disease	DUE TO S	onel Fisher	la.	
		ANTECEDENT C	AUSES	(B) CC	reinoma	of our	
3		DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.			ght 4-4	•••••	
		II	usi.				
	ATION		T RELATED TO T				
			A C DEDEC DAAEC		20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	CAL C	21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner	OF ho	me, form, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR	(If in Boltimore	City, give exact lacotion)
3	\ ₩	21 D. TIME (Month) (Doy) OF INJURY (APPROX.)	w	hile AI Not Whil	e 🖳	INJURY OCCUR?	
		22. I certify that (I) (this ho				1966 to Der	t. 11 1966.
3		that (I) (we) lost saw the d	eceased alive an	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) 2	that in (my) (aur) opin		
5	I 1	ond hour ond from the coust 23A. SIGNATURE	es stated above.	(1) (We) (did) (did nat) v	iew the bady ofter deot		238 DATE SIGNED
		m	Tain	M.D. Atte	ending Med.		0 4 4 6
		23C. PHYSICIAN'S NAME (Type)	(WV-		RIED (specify) 2		
		MANUEL J.	TAN	M.D.	CHURCH HO	DIME & HO	STITAL
	24A.	BURIAL CREMATION, 248, D REMOVAL (Specify)	ATE 24C.1	NAME of CEMETERY OF CRI	MATORY 24D	LOCATION (City	r, town, or county) (Stote)
	13 25A	ORIAL 9-1	5-66 HO.	LY ROSARY CE,	METERY &	BALTIMORE	ADDRESS
	Ve 1	150-PEV 1/1/68 - 1-2	1969 R.C.	8-8 Fallenna	JOHN M WEB	ERYSONS ING 40	OIS. CHESTER ST

1970 Hardow RALLET 2/8/2 64 Mamo 3/m senoth Vincent Jamblowski The same of the sa THE THE THE THE YEAR THE THE THE THE Penhambis Small Sound Fribula Correspond of the 8/11/80 C. of white colon

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prior to death.

a hospital and

		HEALTH DEPARTMENT		00 00001			
BIRTH NO. $66 0920$	CERTIFICA	TE OF DEATH	Registered No	66 09201			
A.E. CASE NONAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
Type or Print) MIKE JAN	KIEWICZ	SEPT	DF DEATH Registered No. 2. DATE AND HOUR OF DEATH SEPT - 12 1966 JAL RESIDENCE (Where deceased lived. If institution: B. COUNTY (PLY ND Y OR YOWN, (If outside city limits, write NYRAL or NY 114 ONE) REET ADDRESS (If rurol, give location) - 42 S EDEN ST E OF BIRTH 10. AGE (In years Months) L 75 - 97 ROBERTS MAIDEN NAME TINI ZYSKY DETAILS GENERALIZE L FROM COLORING OPINION H SOUTTS GENERALIZE L FROM COLORING OPINION AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Phys. X PACE Phys. X PACE Phys. X City, lown, Med. Phys. X PACE Phys. X City, lown, PACE Phys. X PACE Phys. X PACE Phys. X City, lown, PACE Phys. X PACE Phys. X City, lown, PACE Phys. X PACE Phys. X PACE Phys. X City, lown, PACE PHYS. X PACE Phys. X PACE PHYS. X CITY, lown, PACE PHYS. X PACE PHYS. X CITY, lown, PACE PHYS. X PACE PHYS. X CITY, lown, PACE PHYS. X PACE P	7.05.8			
PLACE OF DEATH AN BALTIMORE, MAR		4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution; residence before admission			
FULL NAME OF (If not in hospital of oddress or location)	r institution, give street	C. CITY OR TOWN. (If outs	ide city limits, will	NURAL and give downship)			
	+ HOSPITAL	BALTIMORE		3-62			
5	1100.177,0	242 S ED	eu st				
MW	WIDOW WIDOWED, DIVORCED (specify)	12-5-97	ost birthdoyl	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
A. USUAL OCCUPATION (Give kind of work ne during mast of working life, even if retired) FONEMAW	CTTY OF BALTO	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
FRANK JAN 1	CIEWICZ	TINI Z	ZYSKY	A.			
Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates		17. INFORMANT	(-)()	ADDRESS			
MA	of service) SECURITY NO.	PATIENT		Same			
18. 154 XI		DE DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRI	CTLY	ADITONITIE GEN	PAN LIZZ	48 1/2			
(This does not mean the mode of	dying, e.g., (A)	1544	0 4	(0 100)			
heart failure, asthenia, etc. It means injury or camplication which caused	the disease,	LEATE TICHE CO	country open	\neg			
ANTECEDENT CAUSES	(B)	UEUMONIA					
	DUETO	naligned drain	ne of who	aft waso bringly			
rise to the above cause (A)	··// gi · ···· g	Seeufin	12 1	1			
UNDERLYING CONDITION last.	A (C)	DENO CALCUMO	ne leet	***************************************			
II							
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	ED TO THE						
	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED			
0				or beating			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
(A PPROX.)	While At Work Not Whi Not Whi At Work						
that (I) (we) last saw the deceased	olive on 9-12	19 6 6 and tho	t in my) (our) opin	nion deoth accurred an the da			
and haur and from the causes state	d above. (I) (We) (did) (did nat)						
23A. SIGNATURE				23B. DATE SIGNED			
Manuel & Tax	M.D. Att	ending Med. Size Director	toff Phy s.	Sey1.12, 966			
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		0			
MANUEL J. TA	N.D.						
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D, LO	CATION (Cit	y, town, or county) (State)			
PURIAL 9-15-66	ST. STANISLAUS	CEM. BA	20	MD			
A. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS			
SEL IN 1900 (15)	Lead E. Salken M.A.	JOHN MINEBER	1. SONG INV LIA	IS CHESTER ST			

WEBER, ISONS INCHOIS, CHESTER ST

VS 150-REV. 1/1/65

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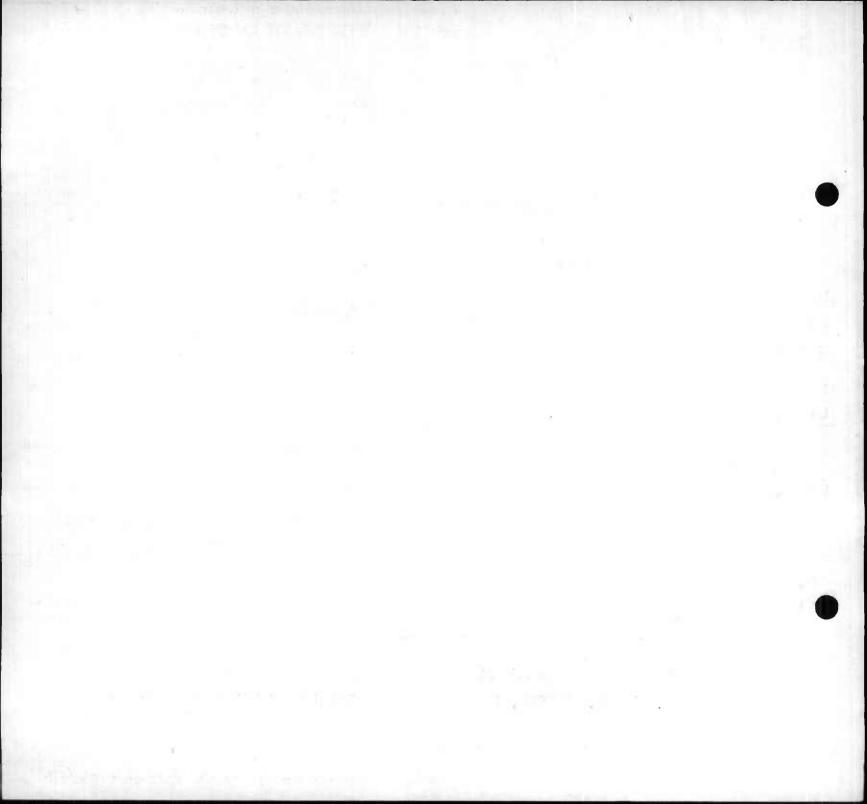
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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital	the hospital by a medical examiner. Also, if the direct or contributing cause of d	iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece	except where the physician who pronounced death was in regular attendance on	and (6) No physician was in regular attendance on the deceased prior to death.	obtained before the remains are embalmed or final disposition is made.
FU	proved by the c	the hospital by	iny nature; (2) B	except where t	and (6) No phy	obtained before

66 09202 BALTIMORE CITY HEALTH DEPARTMENT 66 09202 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Gloria Sept 12, 1966 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Baltimore (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY, OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS 5. SEX 9. AGE (In years If Under 24 Hrs. Hours Min. 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF or foreign country) WHAT COUNTRY? done during most of working life, even if retired) STENEPLY 13. FATHER'S NAME LAIDEN NAME rieda 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Same 8 20 no CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED While At Not While [(APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from Sept. 19 60 to 5007 .19 (our) opinion death occurred on the date hospital (to death); that (we) lost sow the deceased alive on... he body was released to An accident of and hour and from the causes stated above. (1) (We) (did) (dident) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director Stoff 0 approval 0 23 C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) WATSON //JR THE UNION MEMORIAL HOSPITAL Ε. M.D. D.O.A. shows: (1) 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) eceased REMOVAL (Specify) decease Was

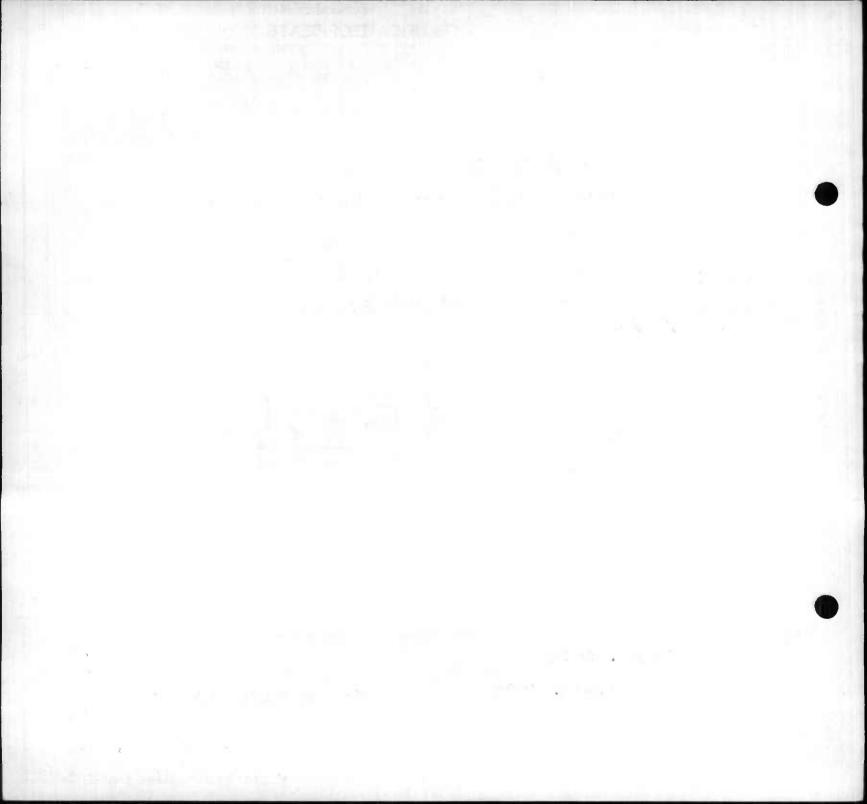
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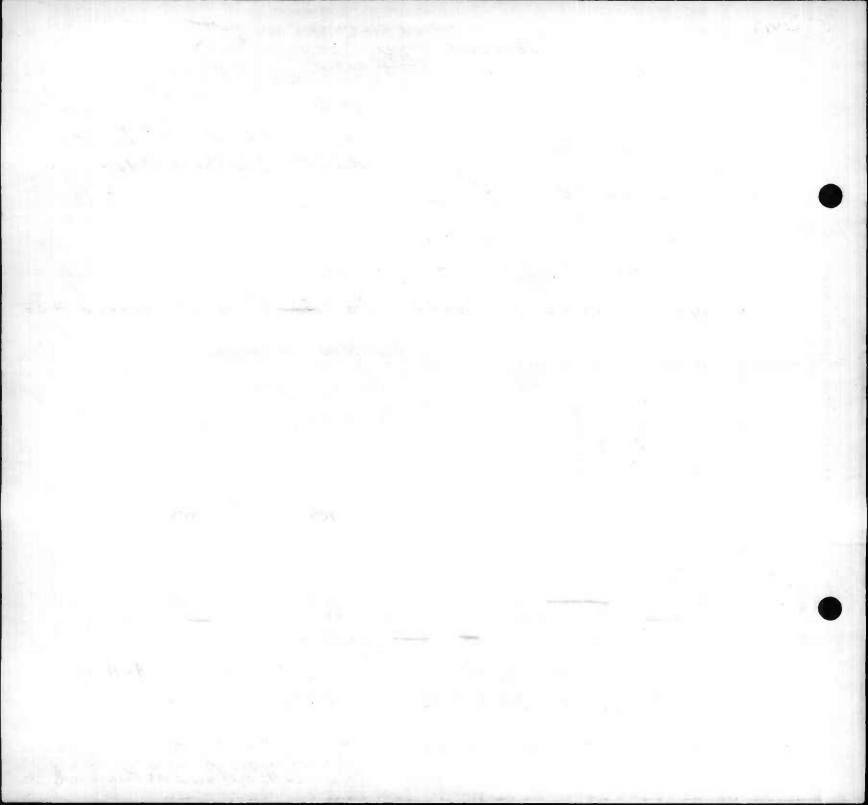
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		66 1	19203	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 00203		
	H NO. . CASE NO.	00 (CERTIFICA			00 03203		
1. N	AME OF DECEA	SED			2. DATE AN	ID HOUR OF DEATH			
3	EAN, W	ILLIA	M J.		1.1.4	5 Am Sy	+11-1965 M.		
3. P	LACE OF DEAT	H IN BALTIN	ORE, MARYLAN	D	A. STATE B. COUN	ITY			
1	FULL NAME OF HOSPITAL OR NSTITUTION			itution, give street	C. CITY OR TOWN (If ou	ALTIMORE tside city limits, write R	URAL ond givestawnship)		
4	4	IN SALMORE MARTIAND A USUAL RESIDENCE INVOICE MARTIAND A TAKE COUNTY decorated lived. If hashindran endence before admissional decides of becoleged in the county decorated from the state of becoleged decides of becoleged in the county decorated from the decorated from the decorated from the county decorated from the county decorated from the decorated from the decorated from the county decorated from the							
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5. S	EX 6	RACE	7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
1	m	SNH.	- manual production			n -	77.01.13		
				IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign Country)	12. CITIZEN OF WHAT COUNTRY?		
		-		LF FMPINISH	MARYLA.	n D			
13.	FATHER'S NAME			- LMIT LEYED	14. MOTHER'S MAIDEN NA	ME			
-	JUSER	211	TEAN	/	mapy	DNEND	n n		
15.	Wos Deceased E	ver in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	UNCEPT	ADDRESS		
1163	, no or unknown) ti	r yes, give v	P doles of s	219-03-16663					
	1B. 151	/ X I	1	CAUSE					
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	(This does not heart failure, as	meon the sthenia, etc.	mode of dying	Isease,	canna gs	Tanoch	Comp.		
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	rise lo the	obove ca	use (A) slatin						
		- II							
CERTIFICATION	TO THE DEA	ATH BUT I	NOT RELATED	IBUTING TO THE					
TIFIC	19A. DATE OF C					20B. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?		
CER	21A. ACCIDENT	WAS UND	ERLYING		in or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct locotion)		
MEDICAL	DEATH (notify or				office bldg., INJURY OCCUR?				
AED	OF INJURY	Month) (Do	y) (Yeor) (Hou			URY OCCUR?			
<	(APPROX.)								
	22. I certify th	nat (I) (this	hospital) atte	inded the deceased from	8-26-64	19 to 5-4	t 11 19 66.		
	that (I) (we) I	st saw the	deceased ali	ve on Sepet) (19 6 c and th	nat in (my) (aur) apir	ian death accurred an the date		
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.								
	23A. Signatur	E Ki	rkley	M.D. At	lending Med.	Stoff Phys	238. DATE SIGNED		
	23C. PHYSICIAN	5 02 34	T Vinl	-		Tity 3.	(syy 6 2		
	NAME Typ	Signe	(= 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		Union Memorial	Hospitale	14 2/20		
24A	BURIAL CREM		DATE	24C. NAME of CEMETERY OF CE			y, town, or county) (Stote)		
	Burial	9	/11/66	Loudon Park	0.1	d Frederic	k Rd Md		
25A	. DATE REC'D B	Y HEALTH C	25B. P	NAME OF REGISTRAR	THI				
	SEP	13 13	100 (1) Cre	Jo E, Jankey MA	Muston 6. 4	onevan-3	818 Noland Uve		
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	100: 19225	ALTIMORE CITY H	EALTH DEPARTMENT		66 09204
			E OF DEATH	Registered Na.	00 00204
1. N	NAME OF DECEASED		1	HOUR OF DEATH	
1	EDWARD CHESTER	TRANCE	NNER	9-11-66	3: 10 A. Tution: residence before admission
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUNT	deceased lived. If insti Y	lution; residence before admission
1	FULL NAME OF (If not in hospital or institution, give stre HOSPITAL OR oddress or (occition) INSTITUTION		C. CITY OR TOWN (IF outs	ide city (imits, write RU	
			BALTIM	ORE oronion)	#7 53-00
31	4 BON SECOURS HO	SPITAL	~ ~	rol, give location) RESSON	0115
5. S		MARRIED B.	DATE OF BIRTH 9		If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
	MALE White WIDOWED, DIVO	16	9-8-66		2 /3
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN ne during most of working life, even if retired)	SS OR INDUSTRY	. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	NONE NO	NE	MARYCAN. MOTHER'S MAIDEN NAM	0	
13.	FATHER'S NAME	14	MOTHER'S MAIDEN NAM	E	
	EDWARD CHARLES	WELLER	LORRAINE INFORMANT	DOROT	The EVANS
15. Y	Was Deceased Ever in U. S. Armed Forces? 16.50	CIAL CURITY NO.			
	11. 11. 11. 11.	ONE.	FA. TANGUN	3208 (2
	18.	CAUSE OF		0200	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	THUE	960 MEN	ABN ANE	2 Hays 13 he
	(This does not meon the mode of dying, e.g.,	DUE TO		racon	7
	hearl failure, osthenia, etc. It meons the diseose, injury or camplication which coused death.)	2	0-111		
	ANTECEDENT CAUSES	(B)	KEMATURI 10	1	**************************************
	DISEASES OR CONDITIONS, if ony, giving	DUE TO	REMATURITI BIETENAL	2	
	rise to the above couse (A) stoting the	(C) N	AICKNAL.	PIABETES	
	UNDERLYING CONDITION Iosi.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
AT	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
ü	21A. ACCIDENT WAS UNDERLYING [21B. PLACE	OF INJURY (e.g., in o	e bldg, INJURY OCCUR?	(If in Boltimore C	City, give exact (acation)
CAL	DEATH (notify medical examiner) etc.)	locidly, sireer, offic	e bidg., INJOKI OCCOK:		
_	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJUR	OCCURRED	21F. HOW DID INJU	RY OCCUR?	
\$		Not While			
	Work	At Work			
	22. I certify that (I) (this hospital) attended the dece		8-66		66 19
	that (I) (we) last saw the deceased alive an	9-10	19 <i>6_G</i> and tha	t in(my) (our) apinie	an death accurred on the d
	and haur and from the causes stated above. (1)	(did) (did not) vie	w the bady after death.		
	23A. SIGNATURE			2	3B, DATE SIGNED
	Meren a Shelast	M.D. Attend	ing Med. Sirector	toff hys.	9-11-11
	23C. PHYSICIAN'S		D. ADDRESS	117 3. (22.)	1-11 66
	ALEUDE A. MELOC	otokho.	BON SECO	URS HOW	PITAL
24A	A. BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CREM	ATORY 24D. LO	CATION (City,	town, or county) (Stote)
1	REMOVAL (Specify)	1 2	L D		
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGI	idon ta	25C. PUNERAL DIRECTOR	4-LTIMORE	ADDRESS.
	A. 40	A Company	GEO. L. SELL	Ab. HUNGAA	6 70 4E.
1/5		Weald	Money H.	meller I 16	1 Buduck a
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BALTIMORE CITY HEALTH DEPARTMENT 66 09205 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or P'Gertruda 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY BALTIMORE MD: FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (outside city limits, write RURAL and give township) INSTITUTION val d' 100 DUNDALK D. STREET ADDRESS rurol, give location 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR 12. CITIZEN OF WHAT COUNTRY? ud, BALTIMORE CLERK-YP157 MISTY Tonvad MUEL Lex 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF tNJURY (e.g., in or about 21 C. WHERE DtD home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work 22. I certify that (I) (this hospital) ottended the deceased from G and that in(my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on ond hour ond from the couses stoted obave. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Staff M.D. Director 23 C. PHYSICIAN'S 23 D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 9 25C, FUNERAL DIRECTOR BALTO, 24, MD

Chareh Home + Hospital 7201 Birch Are - 1 Female Wante Married 6-5-25 41 Mary Lucy Production ... Conrad Turner Jennie Miller Francis A Noplet - Some Suburacing de marringe Autorial Myperlancing + 22 Laple John S 8 4443

BIRTH NO.

47-65-48

BALTIMORE	CITY	HEALTH	DEPARTMENT

	-66	09206
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CC DOODS	TE OF DEATH Registered Na. 66 09206
OF DECEASED IN ARTHUL HUMMELL	2. DATE AND HOUR OF DEATH 9/1/66 P. M
OF DEATH IN BALTIMORE, MARYLAND AME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND
BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. BALTO., MD. 21224	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALT IMORE D. STREET ADDRESS (If rurol, give locotion) 811 S. EAST AVE. 21224

(2)	of the short have to take			
5. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	B. DATE OF BIRTH 2/22/06	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)		11. BIRTHPLACE (Stote of Md	or foreign country)	12. CITIZEN OF WHAT COUNTRY?

NO

MOTHER'S MAIDEN NAME Kuber ELIZABETH

16. SOCIAL SECURITY NO. 276-1588 RECORDS_BCH 4940 EASTERN AVE. BALTO., MD. 21224

	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disectinjury or complication which caused death.)		4 2 14
	ANTECEDENT CAUSES	(B)	4 DAYS
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION lost.	ing ala in Ala ()	10 YEARS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING HISTORY OF T.B. HISTORY OF PEPTICULO	n
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., etc.) (If in Baltimore City and the street, office bldg., etc.)	y, give exact location)
1EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Z	(APPROX.)	While At Work At Work	/
	22. I certify that (1) (this hospital) attended		11 19 66
	that (I) (we) lost saw the deceased alive	an 19 66 and that in (my) (our) opinian	deoth occurred on the dote
	and hour and from the couses stated above	(1) (We) (did) (dld not) view the bady ofter deoth.	
	23A. SIGNATURE	M.D. Attending Med. Stoff Phys. Director Phys	A 11 /66
	23C. PHYSICIAN'S DAVID Swimmer	BALTIMORE CITY HOSPITALS	
	- July Jaimmer	M.O. 4940 EASTERN AVE. BALTO. MD	. 21224

VS 150-REV. 1/1/65

(City, town, or county)

25C. FUNERAL DIRECTOR

24D. LOCATION

(Stote)

24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)

Burial

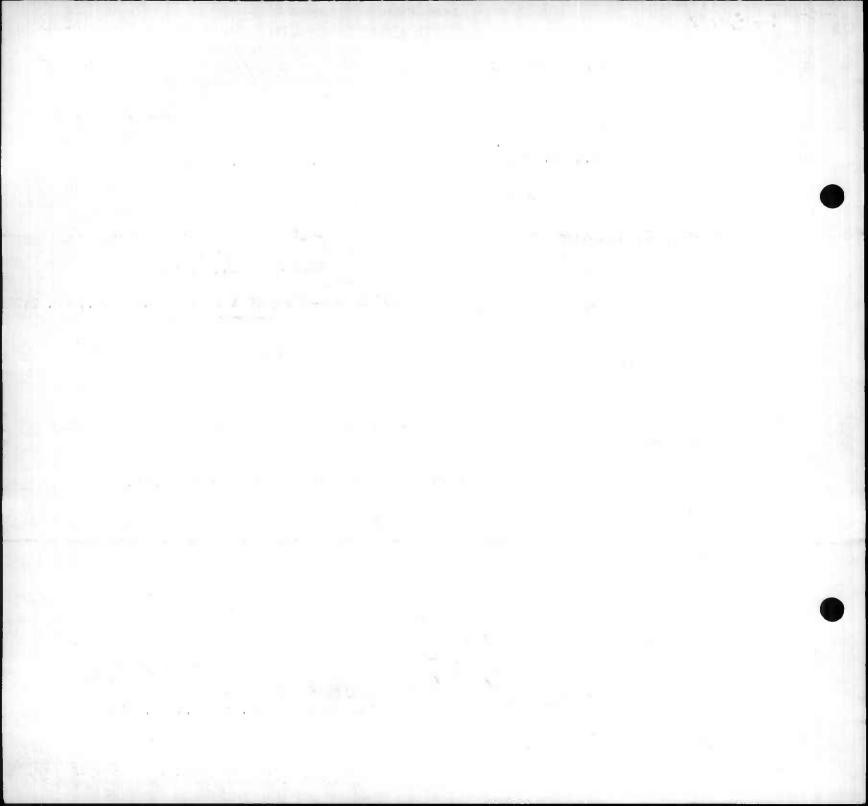
25A. DATE REC'D BY HEALTH DEPT.

SEP 13 10 25B. NAME OF REGISTRAR

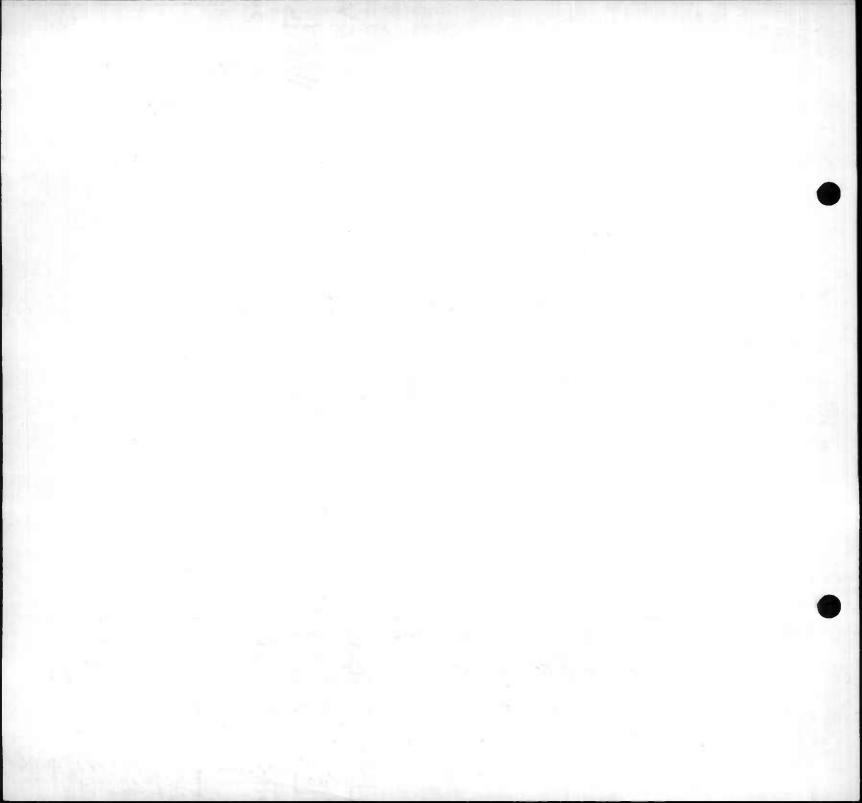
24B. DATE

24C. NAME of CEMETERY OF CREMATORY

ADDRESS



25.0	66 09207	BALTIMORE CITY	HEALTH DEPARTMENT		66 09207
	TH NO.	CERTIFICA	TE OF DEATH	Registered No	00 03207
M.	E. CASE NO.			ID HOUR OF DEATH	- 1
(Ту	pe or Print Gilbert Johns	0 5		9/9/64	1513/AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		ultion: residence before odmission)
	FULL NAME OF (If not in hospital or instituti	on, grve street	weed	Patto	53-00
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	tside city simits, write RUR	AL and give township)
5		11	D. STREET ADDRESS (III	rurol, give location)	Don Henr ho
5	Johns Hopkins	HUS 12	Buch	all-R	2.
5.		HED, NEVER MARRIED	B. DATE OF BIRTH		f Under 1 Yr. If Under 24 Hrs.
- 4	mu (wibo	WED, DIVORCED (specify)	11/3/11	lost birthdoyl	lonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KINE of yring, most-of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
7	asto Manager a	uto	rud.		1.5 A.
13.	FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
F	rank In Comment		Janie Owens		
	Was Deceased Eyer in U. S. Armed Forces? s _r no or unknown Wit yes, give war or dates, of servi-	ce) 16. SOCIAL	17. INFORMANT	0	ADDRESS
	les Will Ist	214 10 371	o Flaire 1	- Tu	worklow to
Ť	18. XX	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	<i>r</i> -	- 4/2 / C	1100	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	A DIJE TO	bleeding on	d shock	
	hearl failure, osthenio, etc. It meons the dise injury or complication which coused death.)	ose,	el Mehshoes of	YOME V	
	ANTECEDENT CAUSES	(B) Bow	el Mehshees of	Actroperitors	<u> </u>
	DISEASES OR CONDITIONS, if any, give	DUE TO C,	ircinomo		
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)			
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1N CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		•
DIC	21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	IURY OCCUR?	
WE	OF MILLINY	While AI Not While Work AI Work			
	22. I certify that (I) (whice burnette) attend	1	1	19 <i>66</i> to	9/9 19 86.
	that (I) (see) last saw the deceased alive		19 66 and th	oot in (my) (my) apinia	in death accurred an the date
	and haur and from the causes stated abov	/ _/		ior many according	in obtili decolled on the oute
	23A. SIGNATURE	G. (1) (410 <u>/11</u>	New The body after dealist	23	BR. DATE SIGNED
	maria	M.D. All	ending Med.	Staff Phys.	7/9/66
	23C. PHYSICIAM'S		23D. ADDRESS	,	1100
	NAME (Type)	M.D.	The Johns Ho	nking Wosni	tal /
24	Murray A. Kats	C. NAME OF CEMETERY OF CR	The Johns Ho	pkins Hospi	town for county) (State)
1	REMOVAL (Specify)	Boll Ula	t Con 1	30 fr 111	1.
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	in the	701 Mi Calle
	SEP 13 1966 Pale	& E. tarkerth	Why & Blue	Lucas 1:-1	101 Mr. Calle
VS	150-REV. 1/1/65			Port	as Vist



eath occurred in a hospital and	or contributing cause of death	Indetermined cause; (5) Deceased	s in regular attendance on the	deceased prior to death. Such	ition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	a medical examiner. Also, if the direct	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🥒	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the a	he body was released to the hospital by	shows: (1) An accident of any nature; (2)	was D.O.A. at a hospital (except where	deceased prior to death); and (6) No phy	written approval must be obtained before	

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) PHILIP RIORDAN 6 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 4. USUA! B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or locotion) C. CITY OR TOWN Ilf outside city limits, write RURAL and give township INSTITUTION HOS PITAL D. STREET ADDRESS (If rurol, give location) 3 0 EN 5. SEX 7. MARRIED, NETER MARRIED 8. DATE OF BIRTH / 88 6. RACE 9. AGE (In years tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours MARRIE 0 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SA KETIRED GUARD GOVT. E 90. 4. MOTHER'S MAIDEN NAME RELAND 6. SOCIAL SECURITY 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SAME W. W. WEARMY CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the diseose, injuly at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (his haspital) attended the deceased fram. 19.66 that (1) (we) last saw the deceased alive an.... and that in (my) (aux) apinian death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Staff M. D. Director Phys. 23 C. PHYSICIAN'S NAME (Type) UNION MEMORIAL HOSPI 24A BURIAL CREMATION. 24D. LOCATION (City town. REMOVAL (Specify) HEALTH DEPT. VS 150-REV. 1/1/65

II''E . C' T', II. THE HIDE EL ' L'SPIT

WOODLAWN CEMETERY

24C. FUNERAL DIRECTOR

EMMIRA. N.

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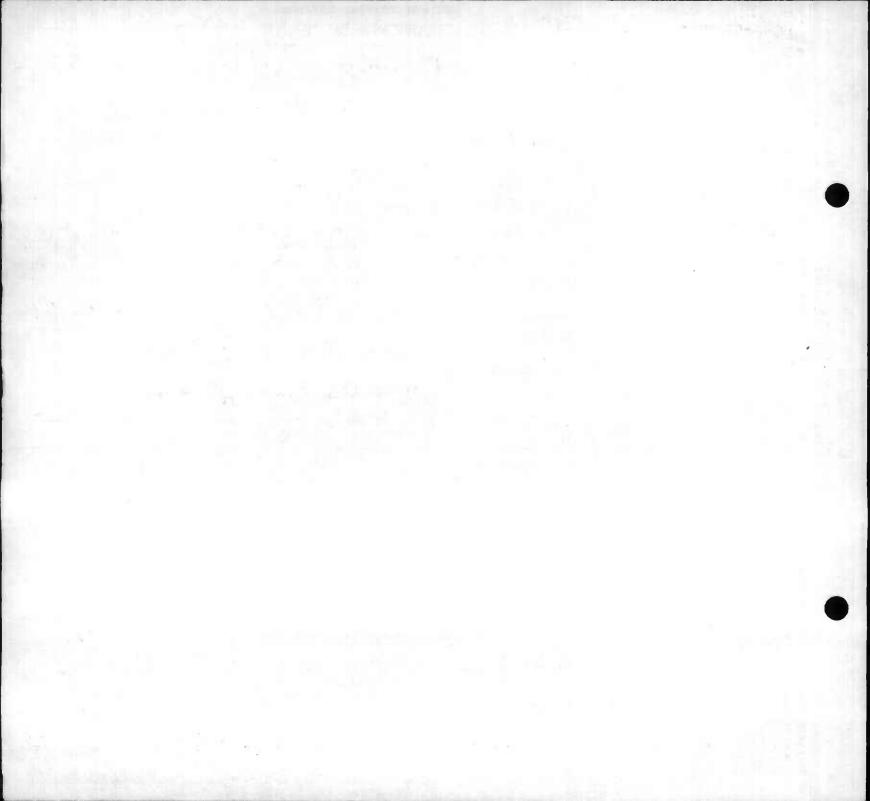
248 NAME OF REGISTRAR

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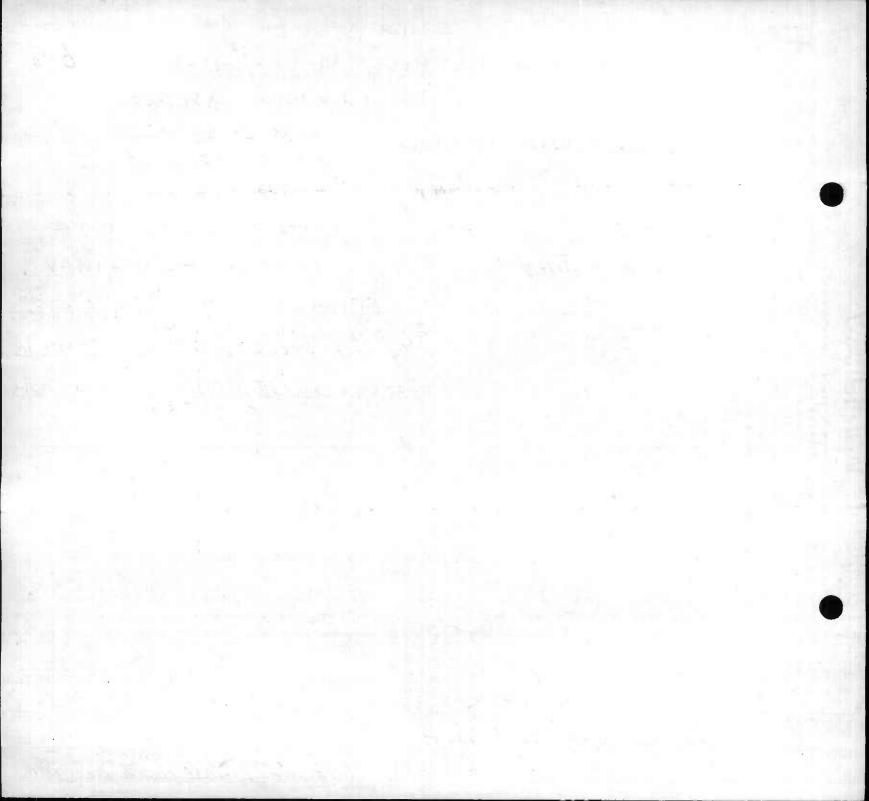
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24A. DATE REC'D BY HEALTH DEPT.

BALTIMO	RE CITY HEALTH DEPARTMENT 66 09210
BIRTH NO. 66 09210 CERTI	FICATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED	
The second secon	2. DATE AND HOUR OF DEATH
3 PLACE OF DEATH IN BALLMARY AND LAND	RGINIA 9.10.66 10 Pg - wh. [4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
STREET OF SERVICE OF S	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARTLAND CARROLL CO.
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
HOLLYDOWN NOCOITAL	NEW WINDSOR 56-00
UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
38	127 MAIN >1.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (Spe	acify) Months: Days (Hours) Min
P W M	6/9/85
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
HOUSEWIFE OWN HOME	MARYLAND WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	TDA SLONAKER
WM.D. LOVELL SR	INT SIZONINIZI
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
-NO 800-00-4	
000-00 7	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Congestive It failure
(This does not mean the made of dying, e.g.,	10 (15/0)
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	HEALT
ANTECEDENT CAUSES (B)	Affecus cleratic Usease
DUE	10
DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the (C)	
UNDERLYING CONDITION lost.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Hoper Wohner
DISEASE OR CONDITION CAUSING IT.	THEFT ITEMASE
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF home, form, foctory,	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimare City, give exact location) street, affice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
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While At	Not While
Work —	At Work
	19 to 9-10-66 19
that (I) (we) last saw the deceased olive an	19. 6. ond that in(my) (aur) opinian death accurred on the date
and hour ond from the causes stated above. (1) (We) (did) (did	d not) view the bady after death.
23A, SIGNATURE	23 B. DATE SIGNED
Streat of the	A.D. Attending Med. Director Phys. 9-10-66
23C, PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	MANUEL HOSP PAITS I AND
STUART L. FINE	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE	LY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 9/12/11 KIINTER	S NEW WINDSOR RURAL MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS NEW
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VS 150-REV. 1/1/65 EP 13 1955 (1) 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	WIND WIND



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Type or Prin		LL. MRS. HEL		7-11-196	6 64
. PLACE C	F DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion; residence before admission
			A. STATE B. COUNT		
FULL NA		or institution, give street	MARYLANY	HARFOR	N and also toward a
INSTITUT					(a)
71	we not a more	HARDITAL	D. STREET ADDRESS (If it	DE GRACE rol, give location)	01
MON	STEBELLO STA	TE HOSPITAL			CC
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3. FATHER	SNAME		14. MOTHER'S MAIDEN NAM	E	10
1.1	CONGO - T.1	1 Az	1. 1. 1. 1. 1.	C11 - F.	ITH MAY
5. Wos Day	ceased Ever in U. S. Armed Fo	7 /// rces? 16. SOCIAL	17. INFORMANT	the LL	ADDRESS
Yes, no or ur	nknown) (If yes, give wor or dot	es of service) SECURITY NO.	n = 0	. 4	
	0		SGT MAS R.G.MI	TCHELL,	-ba - M.D.
1B.	2201	CAUSE		EPTICEMIAT	ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY DATE			
(This d	LEADING TO DEATH	(A) 74L	TIPLE DECUBI	THS ULCER	S & MONTH
heart fo	ailure, asthenia, etc. It means	a the discuss			
injury	ar camplication which caused	d death.)	ADVANCED RHE	MATEID	MANY YEN
	ANTECEDENT CAUSES	S (B) Z ATC	A A A A A A A A A A A A A A A A A A A	-DTURITIO	1001 / 601
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	ta the abave cause (A) RLYING CONDITION last.	slating the (C)	880044+	80 00 00 00 00 00 00 00 000 000 000 000	
	11				
Z OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING			
E TO T	SIGNIFICANT CONDITIONS (ATED TO THE			
TO T	SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELESSE OR CONDITION AUSING	ATED TO THE IT.	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND	DINGS CONSIDERED
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1	00,00040	ALTIMORE CITY HEALTH DEPARTMENT	Registered No. 66 09212				
-f5	BIRTH NO. = 66 09212	CERTIFICATE OF DEATH	Registered Na. 00 03212				
Suç	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE ANT	HOUR OF DEATH				
_	(Type or Print) JACOB I. COOPER		166 2:45 P.M				
eath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give stre	A. STATE B. COUNT	Receased lived, If institution: residence before admission)				
to d	FULL NAME OF (If not in hospital or institution, give stre HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outs	de city limits, write RURAL and give township				
prior le.	42 SINAI HOSPITAL	D. STREET ADDRESS (If ro					
leceased pion is made	5. SEX 6. RACE WIDOWED, DIVO		AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Dnys Hours Min.				
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- ±	Manufacturer Mens Pan	ts Latvia	USA				
th is po	Henry Cooper	Sarah	?				
final d	15. Was Deceased Ever in U. S. Armed Forces? 16. SO((Yes, no or unknown) (If yes, give war or dates of service) SEC	URITY NO. 17. INFORMANT Mrs. Ida Cooper	Same				
r fi	18.	CAUSE OF DEATH	INTERVAL BETWEEN				
attendance med or fina	DISEASE OR CONDITION DIRECTLY	,	ONSET AND DEATH				
atte	(This does not mean the mode of dying, e.g., head foilure, astheria, etc., II means the disease.						
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70	O 21D. TIME (Month) (Day) (Year) (Hour) 21F INILIES						
and (6) Pobtained	OF INJURY While At	OCCURRED 21F. HOW DID INJU Not While At Work	RY OCCUR?				
bto	22. I certify that (I) (this hospital) attended the dece	gsed from 1956 19	10 9/10 1966				
death); a must be of	22. I certify that (I) (this hospital) attended the deceased from 1756 19 to 9/10 1966 that (I) (well lost sow the deceased alive an 9/10/66 19 and that in (my) (our) apinion death occurred on the date						
sat JSt	and haur and fram the causes stated above. (1) (We) (did) (dtd net) view the bady after death.					
to de	mem3Kinh Mu		10 fl garage 1 fl				
0 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS					
prior to pproval	Milton B. Kirsch	M.D. 4000 W. North	ern Parkway				
deceased prior to written approval	24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY 24D. LO	CATION (City, town, or county) (State)				
tte tte	BURIAL 9/11/66 Beth		ltimore, Maryland				
Wri	SEP 13 1966 258. NAME OF REGIS	17. 40	\$ BROS INC. 6010 Reist Rd.				

SOLCLEVINSON

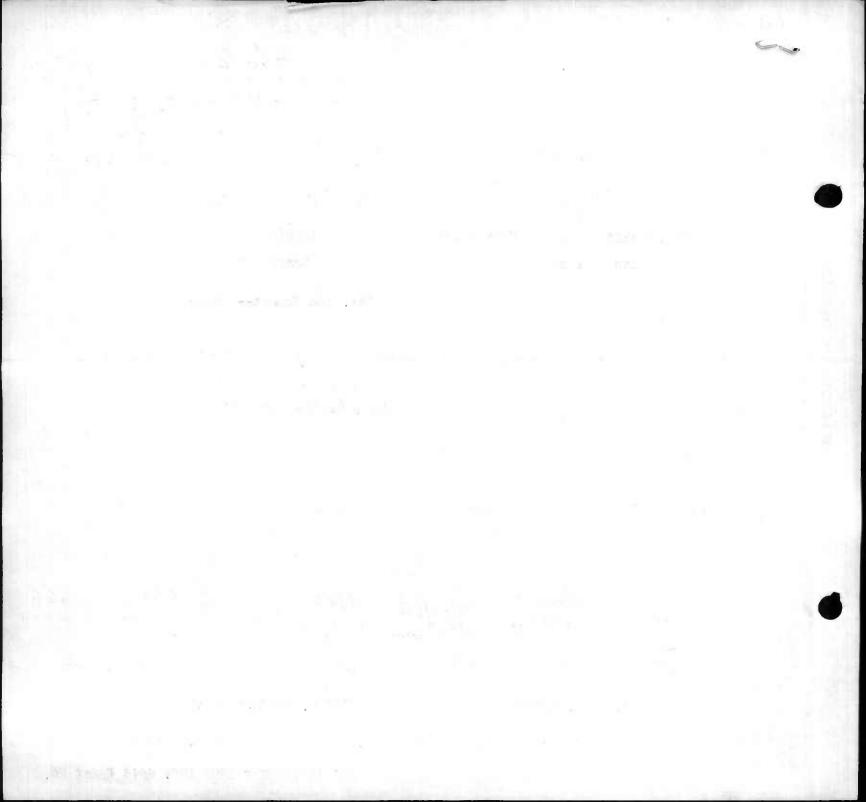
BROS

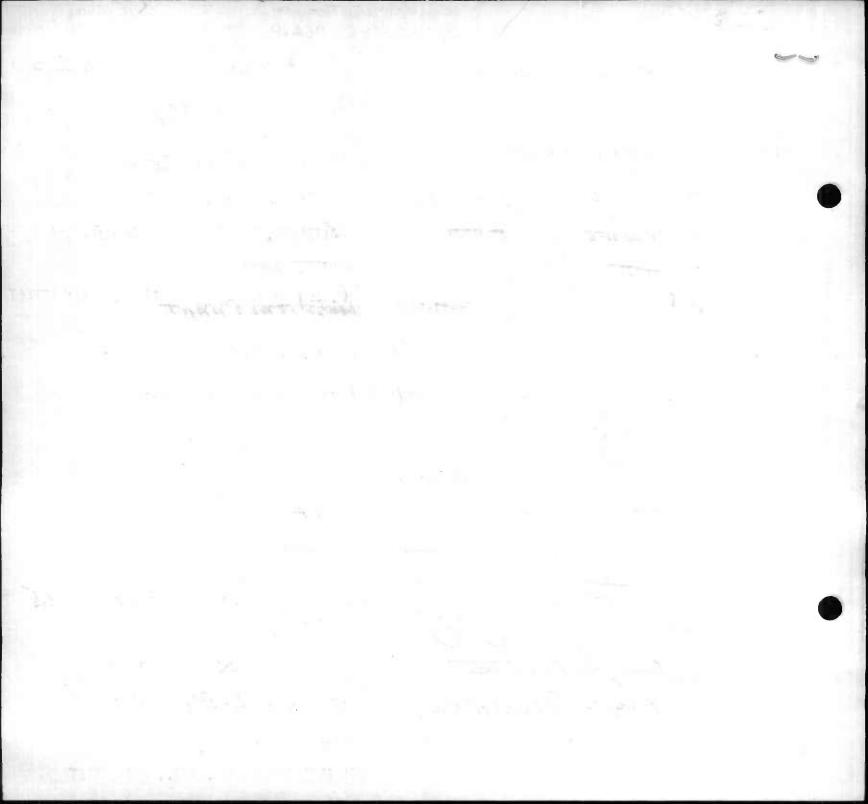
INC.

6010

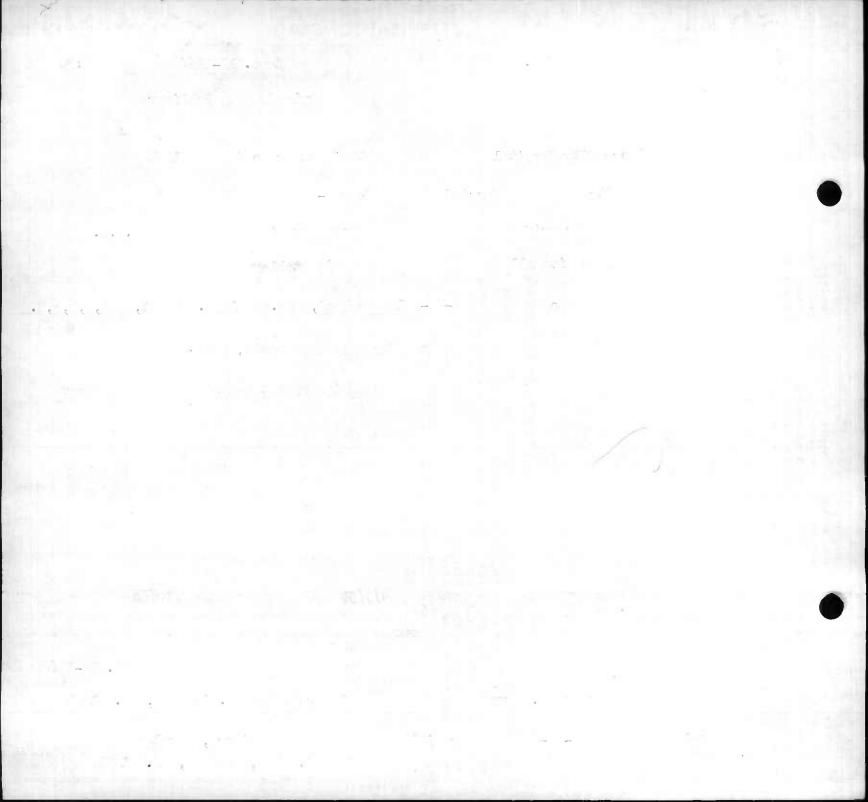
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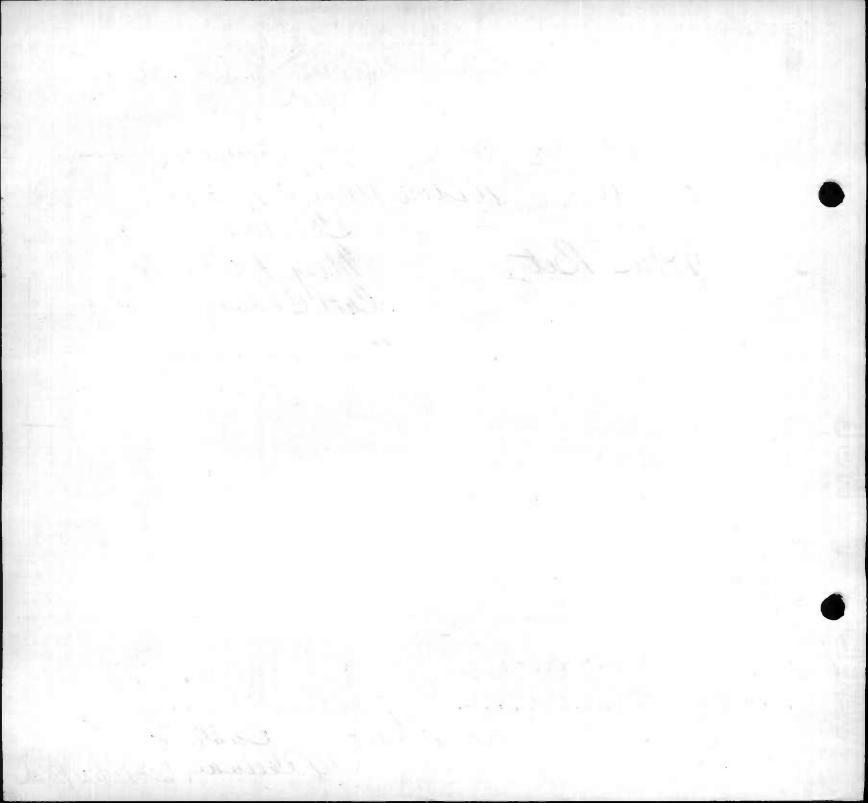
	00 000	3-4 4	BALTIMORE CITY	HEALTH DEPARTMENT		C.C. 1111111111
HRTH NO.	66 092	14	CERTIFICA	TE OF DEATH	Registered No.	66 09214
NAME OF DECEA		T ADDO	ATTICO)		ND HOUR OF DEATH	0.20
		L. ABBC	7TT		t. 10-1966	7:30 A
. PLACE OF DEAT	H IN BALTIMORE, M	ARYLAND		A. STATE B. COU	NTY	stitution: residence before admission
FULL NAME OF (If not in hospitol or institution, give streel HOSPITAL OR oddress or location) INSTITUTION		Maryland	Baltim	ore		
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
				Dundal		53-00
ni Palti	mana City W	io amitro?			f rurol, give location)	22
ar t	more City H			7055 Dunbar R		
	. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Female	White	Ma	rried	July 6- 1909	57	
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of we	orking life, even if retired House			Pennsylvania		U.S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NA		0.00.7.
	John Mit	chall		Annia Chalit	. And to	
			17 4	Annie Stahle	y	ADDRESS
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed F (If yes, give wor or do	erces? ites of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	No		219-28-9912	Husband, Mr.	Edwin B. Abb	ott, # 4,a,b,c,d.
18. def. 19	0./1		CAUSE	F DEATH		INTERVAL BETWEEN
1 0	OR CONDITION D	DIRECTLY				ONSET AND DEATH
1	EADING TO DEATH	4	(A) Co	ronary thrombos	is. acute	
	t meon the mode		DUE TO			
	isthenia, etc. Il meor dicolian which cause					
1	NTECEDENT CAUSI		(B)	ssential hypert	ension	7 years
			DUE TO			
	R CONDITIONS, if obave couse (A		(C)			
	CONDITION lost.		()			
O OTHER SIGNIF	CANT CONDITIONS					
DISEASE OR C	ATH BUT NOT RE		16			
	OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	11.03	an o minito		NO		
O ZIA. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimar	e City, give exact location)
DEATH (notify	medical examiner	etc				
21D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21E	. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
5 01 1143041		WH	nile At Not Whi	le 🗂		
(APPROX.)		Wo	ork L. At Work		, 1.	01//
22. I certify t	that (1) (this hospit	ol) attended t	the deceased from	13159	19 to 9/1	0/66 19
	last saw the decea		9/10/66		that in (my) (aur) api	nian death occurred an the da
and hour and	from the causes st	ated abave. (I) (We) (did) (එක්ශි ක්ර	view the body after deoth		
23A. SIGNATUR		0 4			***	23B, DATE SIGNED
-6	I	M	M.D. Att	ending Med.	Stoff	
Gus	yenl !	1 lever	Ph		Phy s.	Sept. 12-1966
23C. PHYSICIAN	pe)	0	×	23D. ADDRESS		
/	Eugene	F. Nevy	M, D.	7001 Morningto	on Rd. Dundal	Lk, Md. 21222
	ATION, 24B. DATE	24C. N	AME of CEMETERY or CE	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
REMOVAL (Sp	pecify)	1 7046	0-2 17277	170.0	1 & 2	Town To
Burial	Dept-1	1	Uedar Hill OF REGISTRAR		ltimore, Mar	yLand Address
25A. DATE REC'D	DI MEALIM DEPT.	ZDB. NAME	44 -	JOHN J. DUD	A, Dundalk, 1	Md. 21222
6	ED 1 9 1066	DOB	B FA BURA	0001	4	
	L L A III TOTAL	THE A PROPERTY OF THE PARTY OF				



1	CC 0004E BALTIA	MORE CITY HEALTH DEPARTME	NT	77 47 NI
	RTH NO. LE CASE NO. CER	TIFICATE OF DEAT	TH Registered No	38-13213
1.	NAME OF DECEASED, Darlene V. Kelly	2. 0/	ATE AND HOUR OF DEATH	Alullelo m.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		COUNTY COUNTY	itolian: residence befaje admissian)
	FULL NAME OF (If not in hospital ar institution, give street address or location)	C. CITY OR TOWN	(If autside city limits, write RU	JRAL and give township
	INSTITUTION University Hos	putal C	www. h	ill, Mel.
3 . 4	38	D. STREET ADDRESS	(If rurol, give (cation)	53-00
S.	6. RACE 7. MARRIED, NEVER MARI WIDOWED, DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF
do	one during grast of exercising life, even if retired)	- Na	uleval	WHAT COUNTRY?
13	FATHER NAME	14. MOTHER'S MAIDE	Mary B	ortner
15	. Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT	tever Mari	ADDRESS
(Y	es,no or unknown) (If yes, give war ar dotes of service) SECURITY	NO.		0
-	18. 5 70 31	CAUSE OF DEATH	and the	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rile Lean	Duc	CII -> 0/18
	(4	DUE TO	Machener	
	injury ar camplication which caused death.)			1000
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	BUE TO		
		C)		
-	, II			
ATION	TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cal volveile	0	
EDTIELO	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA		or No. 20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
CEBT	2 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	JURY (e.g., in or obout 21 C. WHERE	DID (If in Boltimore	City, give exact location)
4	DEATH (notify medical exominer)	y, street, affice bldg., INJURY OCC	CU R?	
AAEDI	OF INTURY		ID INJURY OCCUR?	
-	(APPROX)	Nat While At Wark	none	2 1 04 10
	22. I certify that (I) (his hospital) attended the deceased that (I) (we) ast saw the deceased alive an	4		19 leke
	and hour and from the causes stated above. (I) (We) (did)			an death accurred on the date
	23A. SIGNATURE			23B. DATE SIGNED
	tred R. Wilber	M.D. Attending Med. Director	Stoff Phys.	
	PRED R. Eilber	M.D. 23D. ADDRESS	sete Hossis	feel Baltiner
24	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)		24D. LOCATION City	, town, or county) (Stotel
25	Burial 9/14/66 St. Johns A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR		Littlestown Ad	
23	40	D. W. A. L. A. L.	A STITA	Littlestown, Pa
VS	150-REV. 1/1/6\$ FP 13 1966 Robert 8. 50	Mary Mary	411 4000	P LACOLUGIO NILLA NA

- This sail, place 4126 Residence Shots recipion Rotigost placonus Jimit resident dellest 81 84 11-8 Have longueoff charles Kelley Borten Mary Deline Line 11 - 1 Summer Questile - celeviler last - OA alabo laces 20 21 30 11 P 3000 00 18 red & Ender FRED R. E. Ibra . Humanathy Hospindol . Rolling Richard & Little warmerown and

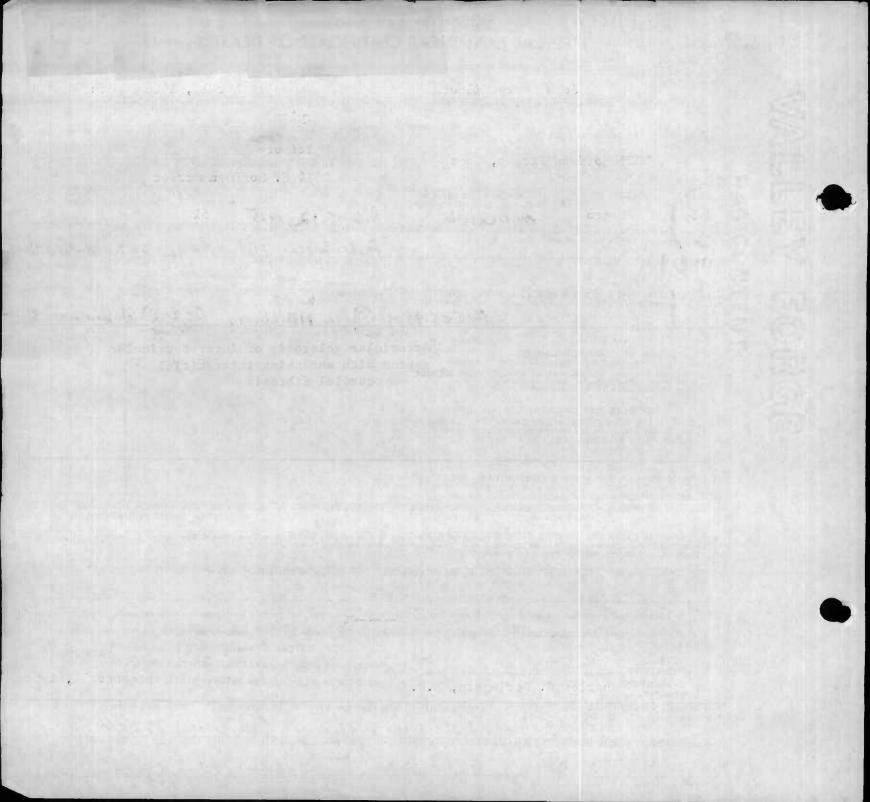
	BALTIMORE CITY	HEALTH DEPARTMENT		00 000:0
BIRTH NO. 66 U9216	CERTIFICA	TE OF DEATH	Registered No.	66 09216
1, NAME OF DECEASED (Type or Print)	c B. Re	isia 2. Date AN	D HOUR OF DEATH	6 5 0 m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	deceased lived. If institu TY	from residence before odmission)
FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If 99)	si city limits, write RVR/	Al ond give towaship)
Hould hus	House	D. STREET ADDRESS	wal, give locations	01-
5. SEX 6. RACE 17. MARE	RIED, NEVER MARRIED	8) DATE OF BIRTH	AGE (In years If	Under 1 Yr. If Under 24 Hrs. potts; Doys Hours; Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	OWED, DIVORCES (specify) O OF BUSINESS OR INDUSTRY	Murch 13-14	901.	onths Doys Hours Min.
done during most of working life, even if retired)		Germa	my	WHAT COUNTRY?
13. FATHER'S NAME BUT		14. MOSTIER'S MAIDEN NAM	real by	Ph.
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT)	ADDRESS
100	CAUSE	OF DEATH	usig	HALL BETWEEN
18. H SO I DISEASE OR CONDITION DIRECTLY	CAUSE	JE DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)	Come		3 kles
(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dise	ose			••••••••••••••••••••••••••••••••••••••
injury or complication which caused death.)	60	neralys arts	moselerosis	Sina.
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) sloting				
UNDERLYING CONDITION Iosi.	***************************************		35 U 45 45 0 P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. I certify that (1) (this hospital) attend	1		0/1 to AU1	19 66
that (1) (we) last sow the deceased alive	A.C			death occurred on the date
and hour and from the couses stated above			, , , , , , , , , , , , , , , , , , ,	death accomed on the same
23A. SIGNATURE	(1) (1) (11)	Trow The Body direct dooms	238	L DATE SIGNED
Small Olle	Arers M.D. Att	s. Director	Staff Phys.	9/9/66
23C. PHYSICIAN'S NAME (Type)	M D M.D.	23D. ADDRESS	1 7 1, 01	0.05
Emmett P. Davis,	C. NAME OF CEMETERY OF CR		oad Balto. 21	ZU6 own, or county) (Stote)
(Specify)	Fucus De		20050	and the second of the second o
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	mery 6	ADDRESS
SEP 12 1056 A 0	e Q Z Done	1 a dee	war (62/1/1/101
VS 150-REV. 1/1/65	Te No.		100	of with
				1/



66	09217		BALTIMORE CITY HEAL				00 08	1211
BIRTH NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICAT	E OF DEAT	H Registere	d No	-
M.E. CASE NO.						A CALICUM SER	DEAD	
1. NAME OF DE		77	W: 11		2. DATE AND HOUR			22 4
2 BLACE IN DAI			Milburn	LA LICUAL RECIDE	September			
3. PLACE IN BAL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE Mar	NCE(Where deceased yland	B. COUN	TY	ore odinission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN (If outside corporate limits, write) RURAL and give tawnship)						
HOSPITAL OR	ADDRESS OR LOCA	HON			timore		-01	
	2021 Hoffman	Street,	East		ESS (If rural, give loca	(Son)		
0.0					1 E. Hoffma		t	
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AC	3E (In years	If Under 1 Yr. If	Under 24 His.
Male	Negro		DIVORCED(specify)	A.L.	lost b	51	Months Doys H	lours Min.
	CUPATION (Give kind of work	MY) A	ERISINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country)		12. CITIZEN OF	
	warking life, even if retired)			0. 11.		1	WHAT COUN	
13. FATHER'S NA	MF			Panel NO	NDEN NAME	YLAND	United ST	Mes 4 19
TOTAL TOTAL								
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT,	3		ADDRESS	
(Yes, no or unknow	n) (If yes, give war ar date	s of service)	SECURITY NO.	6 W	UIPE	4 .	01111	
			215-05-9501		MILLOURN	2021	E: looffm	AAN S
1B.	0.0.			OF DEATH			ONSET	AL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY			rosis of in			
(This does	LEADING TO DEATH		septum	n with ext	ensive inter	rstitial		
heart failure	not mean the made of e, asthenia, etc. It means amplication which caused	the disease,	m2	ocardial:	fibrosis			
injuly of co	Shiphedian which coused	ue (1114)			No.			
	ANTECENDENT CAUSE		(B)		ş			
RISE TO TH	OR CONDITIONS, IF A		DUE TO				103	
1_1	ING CONDITION LAST.		(C)					
OTHER SIG	11							
OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTI	NG					
U TO THE	DEATH BUT NOT REI		THE					
I -	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF Y			ED
02	WAS PER	FORMED		Yes	IN CERTI	Yes Yes	S OF DEATH?	
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., e, farm, factory, street, o	in or about 21C. W	HERE DID (If in Bolti	mate City, give	exact location)	
	USE OF DEATH.	etc.)	e, tom, toctoty, street, o	ince sidge, INJORT	OCCOR:			40.87
E 21 D TIME	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCC	UR?		
OF INJURY			WHILE AT NOT	WHILE				
22.		m.		ORK				
1 ce	rtify that I held on 1	nquiry 🗌	Inspection Aut	opsy X and	that on this basis,	, death in my	apinian	
resu	Ited from: Natural ca	uses X	Accident Suicid	e Homicid	de Undeterm	nined manner		
	71	10	A .	CHIEF ME	DICAL EXAMINE	2		
ACTUA		2	11 - 1		EDICAL EXAMINE		DATE	ESIGNED
SIGNA		20.0			EDICAL EXAMINE		eptember :	11. 1966
NAME	NER'S Charles S	. Sprin	ngate, M.D.	ASSOCIATE ME	EDICAL EXAMINE			,
23A, BURIAL CR	EMATION, 238. DATE	2:	C. NAME OF CEMETERY O	CREMATORY	23D LOCATION	(City, to	awn, or county)	(State)
REMOVAL (Speci	9-15	- Colo	(Datimers	Motions	L TOLL	more d	northy;	nd .
24A. DATE REC'E	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	DIRECTOR	1000	ADDRESS	
			- Child	1	1.	111 (- 6	

VS 151-REV. 1/1/65

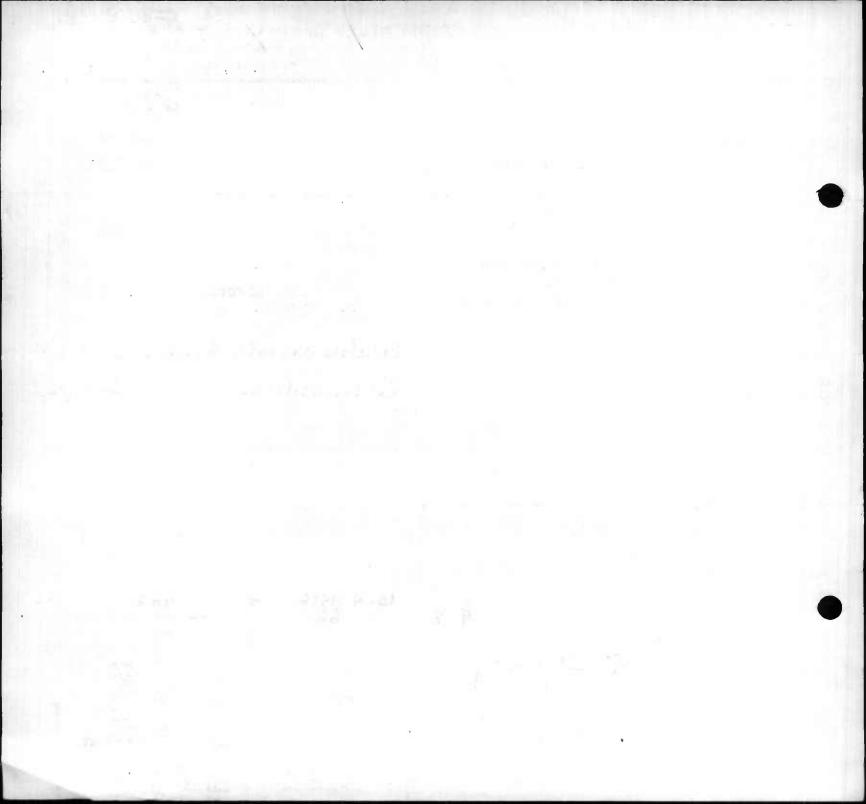
Teralum & Carroll



30	66 09218					TH DEPARTMENT	NT TE OF DEATH Registr		egiste
	M.E. CASE NO.								
	1. NAME OF DE	CEASED	7ahan V	M	CMTTI		DATE AND H		

BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
Type or Print Dahn Y M. SMITH	September 10, 1966 9:10 A.M.
RIFICATE AMENDED 10-5-6	4. IISHAL RESIDENCE (Where deceased lived If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
University Hospital	D. STREET ADDRESS (If rurol, give locotion)
1000000	1431 E. Clement Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White Never Partied	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 19 19
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY doing during most of working life, even il retired)	11. BIRTHPLACE (Stote oreign country) 12. CITIZEN OF WHAT COUNTRY?
REPARTIES NAME POLINTES VINDING 12 (S)	14. MOTHER'S MAIDEN NAME
Q.T. Smith	AlFredda Klemmick ADDRESS
(Yes, no of unknown) (If yes, give wor or doles of service) SECURITY NO.	QT. Smith 1431 E. Clement ST.
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Pneumon	ia complicating fracture C2-C3
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
DE II	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. CONDITION FOR WHICH OPERATION	
	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
	Yes IN CERTIFYING CAUSES OF DEATH?
Q 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UNDING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., i home, form, fortory, sheet, of etc.)	n or about 21C. WHERE DID (If in Bottimore City, give exact location) ffice bldg., INJURY OCCUR? 17th St. & Philadelphia Ave.,
a street)St.Rte.#528) Ocean City, Maryland
	WHILE X Hit as pedestrian by auto
	opsy X and that an this basis, death in my apinion
resulted frams Natural causes Accident X Suicide	Hamicide Undetermined manner
C1100-	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles . A July M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER September 11, 1966
	ASSOCIATE MEDICAL EXAMINER September 11, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	
REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)

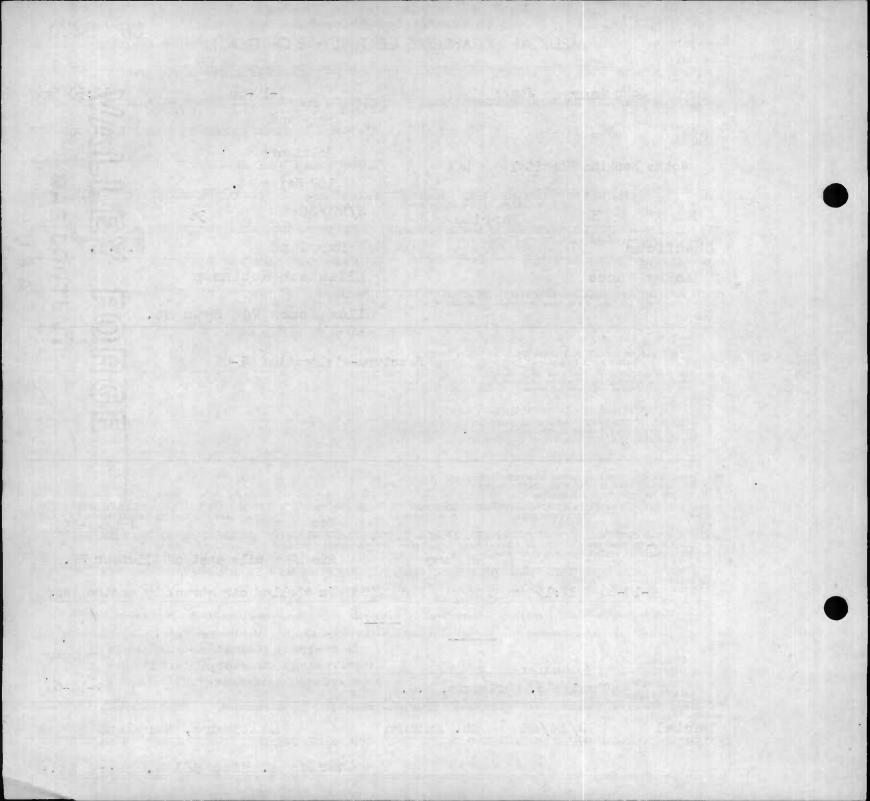
		BALTIMORE CITY	HEALTH DEPARTMEN	NT .	66 09219
BIRTH NO.	66 09219	CERTIFICA	TE OF DEAT	H Registered No	00 00010
M.E. CASE NO.	CEASED			TE AND HOUR OF DEAT	u ·
Type or Print)		CIT LCTC A			
		ULKKA	SH	EPT.10,1966	7:50 P. N
FULL NAME	ATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE A. STATE B. G Maryl	COUNTY	institution: residence before admission
HOSPITAL OR	oddress or location		The second secon		e RURAL and give township)
INSTITUTION	Gould Conva	legenium	Balti		o nonne one give iownsmp,
^	Journ Colle	reser rum	O. STREET ADDRESS	(If rural, give location)	(3) (Q) . (V) (M)
1			O. SIKEEL ADDRESS	(if furoi, give locotion)	
	6116 Belai:	r Road	1102	Litchfield	Road 21212
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
F	W	WIDOWED, DIVORCED (specify) Widow	Dec.23,188		Month's Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House			Finland		USA
FATHER'S NA				N NA MAG	ODA
FAIHERS NA			14. MOTHER'S MAIDEN		
	Berhard Ke	ervinen	Anna	O. Kinnune	n
Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknow	n) (If yes, give wor or dote	s of service) SECURITY NO.	110	2 Litchfield	d Rd. 21212
NO		213 07 5691		H. Pulkka	
18. > >	/ Y 1		F DEATH		INTERVAL BETWEEN
	SE OR CONDITION DI	RECTLY			ONSET AND DEATH
DISEA	LEADING TO DEATH	O.	shalos . Mas	aula Cari	and E was I
(This does	not mean the mode of	dying e.g. (A)	Julian -va	i allow a car	JULI D
	, asthenia, etc. 11 meons	the disease,		erosis	
	mplication which coused	deoth.)	1	100	2-0
	ANTECEDENT CAUSES	(B)	urren ozal	D (D 1/2)	20725
DISEASES		00 2 10	*		
	OR CONDITIONS, if ne obove couse (A)				
	G CONDITION lost.	stoting the (C)		# 0 0 0 m = 1 0 0 0 m 0 m 0 m m m 0 m = m g m = 1 m m m g 0 m m m m	
TO THE E	III IIFICANT CONDITIONS CO DEATH BUT NOT RELA I CONDITION CAUSING I	TED TO THE			
		DITION FOR WHICH OPERATION	20 A. ALITOPSY? IYas	or Noll 208, IF YES MED	E FINDINGS CONSIDERED
19A. DATE O	WAS PER	FORMED	27.0	IN CERTIFYING C	AUSES OF DEATH?
0			NO		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicot exominer)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCC	JR? (If in Boltime	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour 21E, INJURY OCCURRED	215 11211 21	D INJURY OCCUR?	
OF INJURY	CATORINI (Doy) (1601)			P INJUKT OCCUR!	
(APPROX.)		While At Not While Work At Work	le 📄		
22 1	.1 . (1) (.1			140	6. 6
ZZ. I certify	y that (I) (this haspital) attended the deceased fram 10	A A	*	9-8 1966
that (I) (we) last saw the decease	d alive an 9 8	1966	nd that in (my) (our) a	plnian death accurred an the da
		ted abave. (I) (We) (did) (did nat)	view the bady after de	satn.	lead BATE CLEANED
23A. SIGNAT	UKE A	^			23B. DATE SIGNED
	X() Il	M.D. Att.	ending Med.	Stoff Phys.	9/12/66
23C. PHYSICI	AN'S		23D. ADDRESS		// 1.2/00
NAME	Type)			0 2	
	Joseph Sklo	ven M.D.	7122 Har	rford Road	
A. BURIAL CR	EMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 2	AD. LOCATION	(City, town, or county) (Stote)
REMOVAL					
Buria	-1-21			Baltimor	re Maryland
A. DATE REC'E	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	SEP 13 1966	P. D. R. E. Salber M.A.	Henry Sa	ander & Sons	s Inc.
0.100 0000 000		Programme and the second	0 0 0		
S 150-REV. 1/1	/65		Pellimon	re haryland	



BALTIMORE CITY HEALTH DEPARTMENT

66 09220

BIRTH NO. MEDICAL EX	AMINER'S CI	ERTIFICATE OF DEATH Registered	No				
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED I	DEAD				
John Henry Jones		9-10-66	12:50 am.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	n: residence belore odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland					
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN (If autside carparate limits, write BU	RAL and give tawnship)				
		Baltimore / C	3 0.5				
Johns Hopkins Hospital	DOA	D. STREET ADDRESS (If rural, give lacation)					
		109 Hayes St.					
5. SEX 6. RACE 7. MARRIED, 1 WIDOWED, D	NEVER MARRIED IVORCED(specily)		Under 1 Yr. If Under 24 Hrs. anths, Days, Haurs, Min.				
M N Marr		2/23/30 lost birthdoy) M					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12.	CITIZEN OF				
done during most of working life, even if retired)		Maryland	WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
LeRoy Jones		Elizabeth Robinson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT AD	DRESS				
No	JEGGKIII NO.	Hilda Jones 748 Ryan St.					
18.	CAUSE	OF DEATH	INTERVAL BETWEEN				
E 6 / 6 / 1	0.000	or state	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Fract	cure-dislocation C1-C2					
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO						
injury ar complication which coused death.)							
ANTECENDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	c						
TO THE DEATH BUT NOT RELATED TO TH	E						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. WAS PERFORMED WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDIN	ICS CONSIDERED				
WAS PERFORMED	III OII OILKAIIOI	Yes IN CERTIFYING CAUSES O					
ZIA. EXTERNAL CAUSE WAS 218. P	LACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If in Baltimore City, give e					
UTING CAUSE OF DEATH.	tarm, tactary, street, o	the bidg., INJURY OCCUR?	50-00				
3	Highway	Rte 40 ½ mile east of A	Llender Rd.				
OF INJURY	E. INJURY OCCURRED						
	ORK NOT W	WHILE X In stalled car struck by	y another car				
22. I certify that I held an Inquiry	Inspection Auto	apsy 🗶 and that an this basis, death in my a	pinian				
resulted fram: Natural causes Ac	cident X Suicide						
21 100		CHIEF MEDICAL EXAMINER					
ACTUAL Warled	and .	ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
EVALUATEDIC /	TVANISTED STATE OF THE STATE OF						
EXAMINER'S Charles S. Sprin	ngate, M.D.	ASSOCIATE MEDICAL EXAMINER	9-10-66				
23A. BURIAL CREMATION, 23B. DATE 23C.	NAME of CEMETERY OF	CREMATORY 23D. LOCATION (City, tow	n, ar county) (State)				
Burial 9/14/66	Mt. Auburn	Baltimore, Mar	brolue				
24A. DATE REC'D BY HEALTH DEPT. 248. NAME O		24C. FUNERAL DIRECTOR	ADDRESS				
SEP 13 1966 R. Lub	- TO 100						
371 79 1000 NITHOUSE	C' dolors,	Charles A. Rice 661 W.	Barre St.				



VS 150-REV. 1/1/65

BIRTH NO. 66 09221	BALTIMORE CITY	HEALTH DEPARTMENT	66 09221
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	00 00221
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) CATHERINE AG	NES MONTGOMERY	Sept. 11,1966	7.00 A W
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital a	or institution, give street	Maryland O	7-48
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL, ond*give township)
Jenkins Mem	orial Hospital	Baltimore D. STREET ADDRESS (If rurol, give location)	
1000 S. Cat			21010
Baltimore,	Maryland 21229	1	21212
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	Jan. 1, 1874 - 92yrs	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for .gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Seamstress	Industrial	Morral on d	
13. FATHER'S NAME	Industrial	Texas, Maryland	USA
Michael Kelly	2	Catherine Kelly	ADDRESS
15. Was Deceased Ever in U. S. Armed Forc (Yes, no oi unknown) (If yes, give wor or dotes	ol service) SECURITY NO.		ADDRESS
No	212-09-63	Medical Records	Room
18.420.0	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	/	ONSET AND DEATH
LEADING TO DEATH	(A) (d	renua	
(This does not mean the made of		·	
heart failure, asthenia, etc. It means injury ar complication which caused		(111)	
ANTECEDENT CAUSES	(8)	170	
DISEASES OR CONDITIONS, if	DUE TO	in asterselles	
rise to the above cause (A)		in willsordelles	1500
UNDERLYING CONDITION last.	- John and a contract of the c	historium unit 0 au a a 2 02 2 2 0 0 0 0 000 0 0000 0 a 2 0000 0 0000 0 0 0000 0 0 0	
II II			
O OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATED TO THE DEATH OF			
19A. DATE OF OPERATION 198. CONT	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERF	ORMED	IN CERTIFIED CA	AUSES OF DEATH:
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	218, PLACE OF INJURY (e.g., home, loim, loctory, street, etc.)	in or obout 21C. WHERE DID (II in Boltimo ffice bldg., INJURY OCCUR?	re City, give exoct locotion)
O 21 D. TIME (Month) (Doy) (Yeor)	(Houl) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi		
(APPROX)	Work At Work		
22. I certify that (1) (this hospital)	ottended the deceased from	Ebruary 15 1963 10 8	Eptember // 1966
that (I) (we) lost sow the decease	d olive an September	en 1019 66 and that in (my) (our) op	inion death occurred on the dot
ond hour and from the couses state	-/		
23A. SIGNATURE	7	a gody offer adolffi	23B. DATE SIGNED
Milament 4	MINGEST AND AH	ending Med, Stoll	
and my control	Phy	73. 73. 01100101 111731 11	9-11-66
23C. PHYSICIAN'S NAME (Type)	2	23D. ADDRESS 435 CHALFOIL	
MANUEL J. K	PUDRIGUEZ M.D.	134270	20 MID
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)

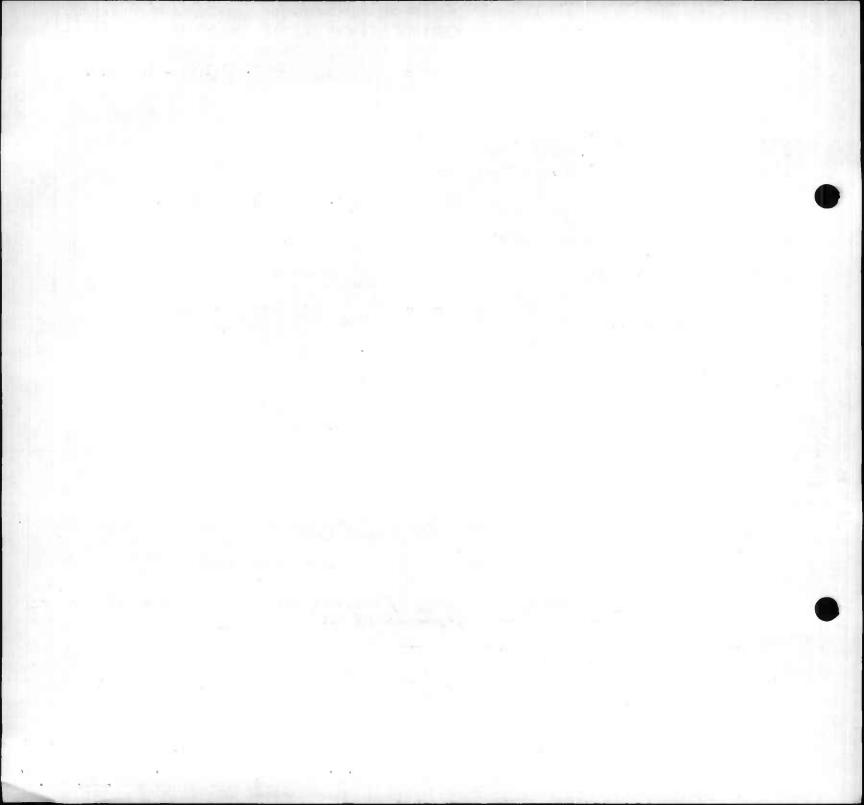
Burial 9/14/1966 New Cathedral

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISSIRAR

SFP 13 1966 Rec's E. Salley MA Baltimore

25C. FUNERAL DIRECTOR

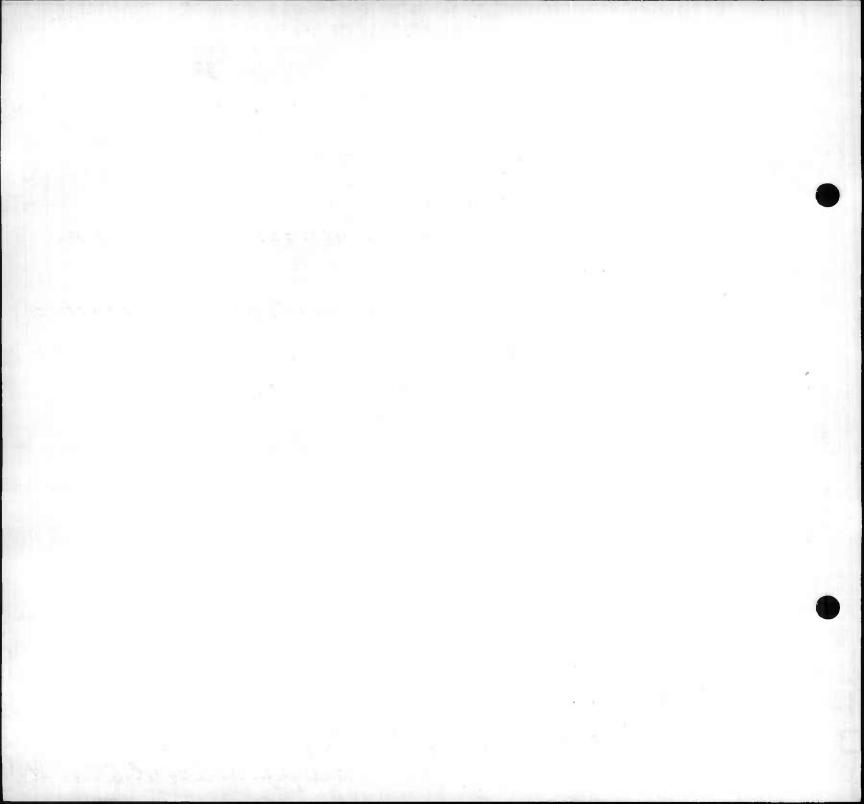
H.W. Jenkins & Sons Maryland 4905 York Rd. 11to.12, Md. Co. Ba SEP



VS 150-REV. 1/1/65

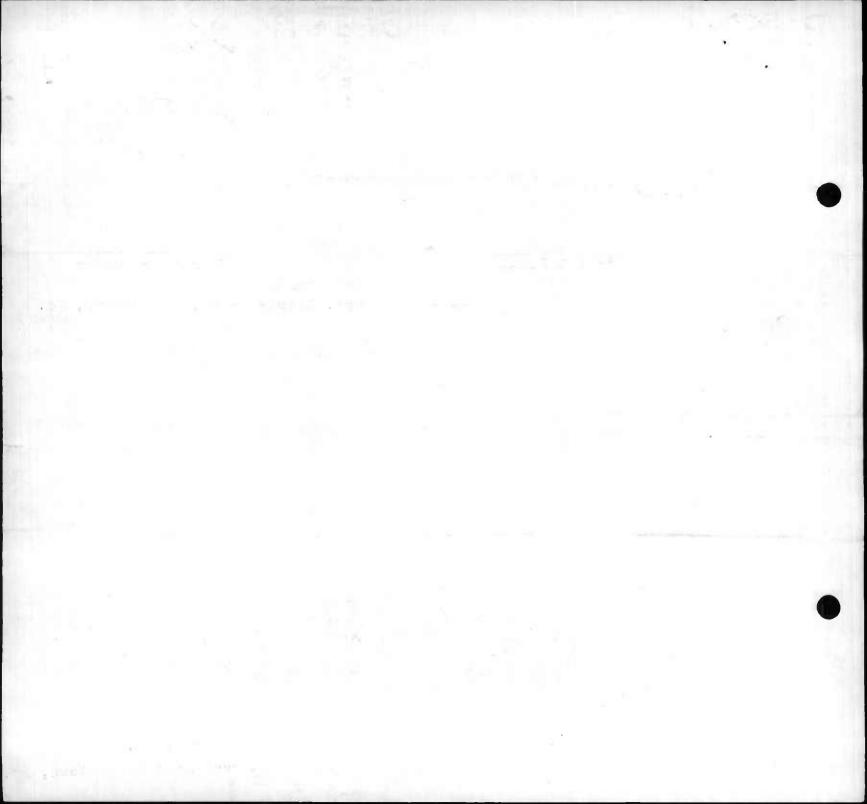
Such

		00 0			BALTIMORE CIT	HEALTH DEPARTMENT		66 09222
	H NO.	66 09	3222		CERTIFICA	TE OF DEATH	Registered No	
1, N	AME OF DE	CEASED		1			AND HOUR OF DEATH	
(Тур	e or Print)	TRAF	TON H	ARRU	1	9/11	166 12 15/AI	M. M.
3. P	LACE OF D	EATH IN BALTI	MORE, MARYL	AND		4. USUAL RESIDENCE (W.	ere deceased lived. If institu INTY	tion: residence before admission)
Н	ULL NAME IOSPITAL OF	OF (If not oddres	in hospital or i s or location)	nstitution, g	ive street	BALTIMOVE C. CITY OR TOWN	outside city limits, write RUR	AL and give township)
2						BALTIMO	re	
	TIL	- 11		11-		D. STREET ADDRESS	f rutol, give location)	
5. SI	JOHN	6. RACE	KINS	MG-2	NEVER MARRIED	B. DATE OF BIRPH	TLAND AVE	
	M	(C		WIDOWED,	AVVIED (specify)	9/7/15	lost birthdows	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
		CUPATION (Give of working life, eve		B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
1	abox	rer		P	astic.	Bellscros	s, N.C.	21.5. A.
13. F	ATHER'S NA	AME				14. MOTHERS MAIDEN N.	AME	
			I. TRAF			IDA B ART	LETT	
15. V (Yes,	Vas Deceos , no ar unknov	nd Ever in U.S.	Armed Forces' wor or dotes o	? f service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO				238-12-4602,	Mrs ANNIB To	25toN 15112.1	Putland Aver
	1B. 44	5×1			CAUSE	F DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
	DISE	ASE OR COND		TLY	1. 1		have been	1
		nol meon the	mode of dy		(A) IV7	racevebral	nemorrnase	17-18 MAS
		o, osthenio, etc implication whi			4.5	1	1	
		ANTECEDEN	T CAUSES		(B) Ftcj	pertensive Co	archiovascular	<u> </u>
		OR CONDITI			000 10	iscuse		
		he obove c		oting the	(C)			r*
		- 11				ξ		
ATION	TO THE	NIFICANT CON DEATH BUT R CONDITION	NOT RELATED	TRIBUTING TO THE				
ERTIFIC	19A. DATE	F OPERATION	19B. CONDIT		HICH OPERATION	20 A. AUTOPSY? (Yes ar I	10) 20B. IF YES, WERE FINE	INGS CONSIDERED
CERT	21A ACCID	ENT WAS UND	ENLYING -	218	DI ACE OF INITION	YES		1111
	OR CONTRI	BUTING CAL	JSE OF	home etc.)	e, form, factory, street, c	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(IT IN Baltimore Ci	ty, give exact lacation)
144	21D. TIME OF INJURY	(Month) (D	oy) (Year) (I	Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
2	(APPROX.)			Whil	e At Not Whi		-/	/
	22. I certif	y that (1) (thi	s hospital) d	ttended th	e deceased from	9/10/66	.19 to 2/1/	66 19
	that (1) (we	a) Post saw th	e deceosed o	live on	9/11/66	9 and	hot in (my) (our) opinion	deoth accurred on the date
	and hour a	nd from the c	guses stated	obove. (10	(We) (did) (did nat)	view the body after death		
	23A. SIGN	A)RE//						B. DATE SIGNED
		1110	non 7	7/	M.D. Att	ending Med. Director	Stoff Phy s.	9/11/66
	23C.PHYSTE NAME	(Type)	H. BRO	WN Z	0.0	23D. ADDRESS	OPKINS HOSPI	TAI
	niini ni	U.						
24A.	REMOVAL	(Specify)	LDATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION (City, t	own, or county) (State)
R	emov:	2/ 9	-14-66	New	Sawyerin	eek Coty, B	ellscross,	N.C.
25A.	DATE REC'	CED 10	SOCC A	B. NAME O	C D. M.	25C. FUNERAL DIRECTO	8 00 B	ADDRESS O
V	CO BEN/ 1/1	JET 13	1300	Charle 1	C. MONSEGLIM	Nandolphy	collick 243	E. Oliver St.

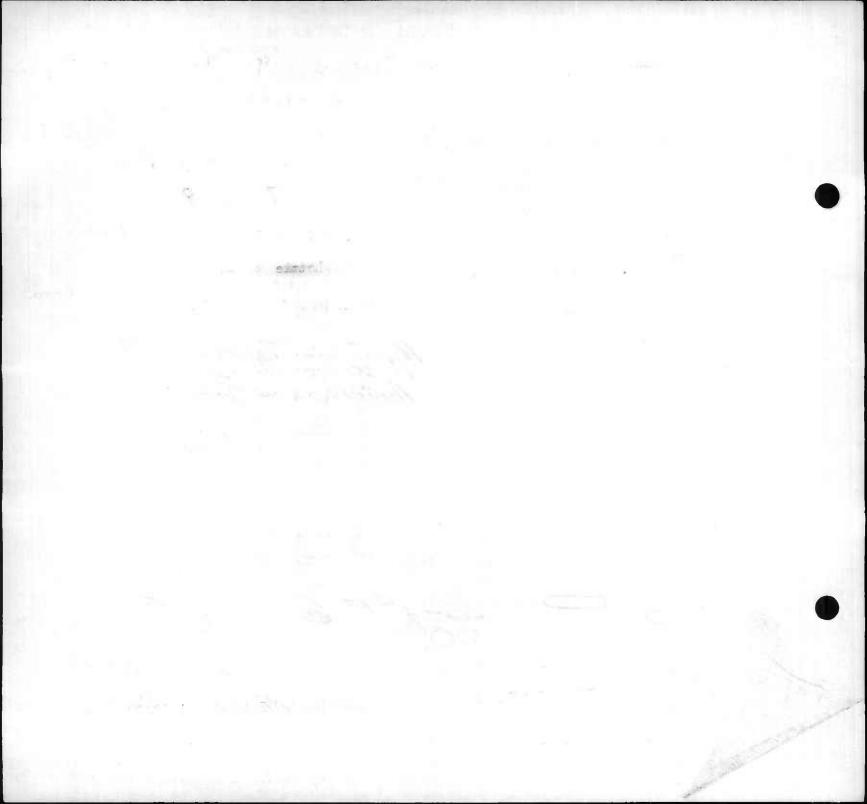


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance of the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1) This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and **FUNERAL DIRECTOR: IMPORTANT**

Ganeratoun, Md.	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
BIRTH NO. 66 09223	CERTIFICA	TE OF DEATH	Registered No	66 09223
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	27
(Type or Print) DAMON, CASS	SANDRA	9-3	5-66	11027 A m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B. COUN'	deceosed lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	MD	HAGERS	TOWN Wushing
HOSPITAL OR oddress or location) INSTITUTION JOHNS HOPKINS	11-00-00	C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give township)
JOHNS HOPKINS	4108PICHL	D. STREET ADDRESS (III	urol, give location)	
			MODUNI	RD
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, E	EVER MARRIED DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working the, even in terred/		+IAGERSTOW	N	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Blythe Damon			Gloria	Bragunier
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	none	Mrs. Gloria	Damon, Ha	gerstown, Md.
18. 3 5 9 1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Acripation)	Ac OLMIVIO	15 111
(This does not mean the mode of dying, e.g.,	DUE TO	L2611010	7 Drognin	TO MIN
hearl failure, asthema, efc. It means the disease, injury ar complication which caused death.)			1	
ANTECEDENT CAUSES	(B)		**	
DISEASES OR CONDITIONS, if ony, giving				
rise fo the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	ICH OPERATION	20 A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
198. Date of Operation 198. CONDITION FOR WH WAS PERFORMED NEUROGEN	IC BLADGE	R NO	IN CERTIFYING CAL	ISES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PL	ACE OF INJURY leage, in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner) etc.)				
U OF INJURY	IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While Work	At Work		1	
22. I certify that (I) (this haspital) attended the	deceased from 8	- 25 1	966 10	(-5-19.60,
that (I) (we) last saw the deceased alive an	4-5-	19_66and the	ıt in(my) (aur) apir	ian death accurred an the date
and hour and fram the causes stated above. (1) (
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff -	23B. DATE SIGNED
03C PHYSICIAN'S	Phy		Phys.	
23C. PHYSICIAN'S NAME Type		LOV. MUURESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CRE	MATORY 124D 16	CATION (Ci	y, town, or county) (Stote)
REMOVAL (Specify)				
burial 9/8/66 Ros	e Hill Bem	etery Ha	gerstown,	Md .
SEP 13 1966 R. Pse B	E. Starber MA	Minnich Fu	neral Hom	e Hagerstown, ML
VS 150-REV. 1/1/65		+++++++++++++++++++++++++++++++++++++		The state of the s

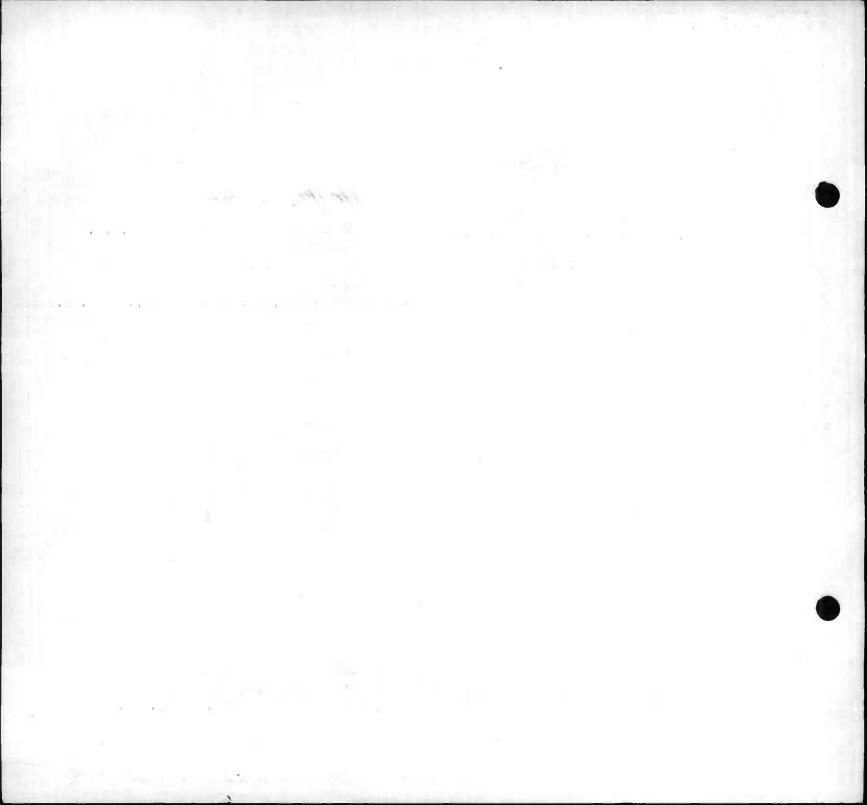


-0		CC I	0922	A	BALTIMORE CITY	HEALTH	DEPARTMENT		CC 00004
	H NO.	00	しじんと	4	CERTIFICA	TE OI	DEATH	Registered Na	00 03224
1. N	AME OF DECE	ASED	HARL	T T 0-	E MAY C	LEME	-	ND HOUR OF DEATH	6 1 7:30 p. m.
3. F	LACE OF DEA	TH IN BALTIA	MORE, MAR	YLAND		A. STATE	RESIDENCE (Wh		institution: residence before admission)
71	FULL NAME OF HOSPITAL OR NSTITUTION		in hospital a or location)		on, give street			utside city limits, write	RURAL ond give township)
U	NoiN	WE	EMORÍ	IAL	HOSPITAL	D. STREET		MORE frurol, give location)	21218
	(/***					24		ARYLAND	AVE-
5. S	F	6. RACE	1		VED, DIVERCED (specify)	8. DATE O	12-07	9. AGE (In year lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
TOA	USUAL OCCU	PATION (Give	kind of work	OB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTH	LACE (Stole for	eign country)	12, CITIZEN OF
don	Hous Hous					V	ARYLAN	D	WHAT COUNTRY?
13.	FATPES NAN		-			14. MOTH	ER'S MAIDEN NA	ME	\
	rederick		1		(D)		Lottie	Lee (
(Yes	Was Deceosed s,no or unknown)	(If yes, give	wor or dotes	es! of service	SECURITY NO.		A & ZW HTHAN		ADDRESS
10		N-	one				IRLES	M. GEE	MENS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heat failure, astheria, etc. It means the disease, injuly of complication which coused death.) CAUSE OF DEATH (A) HOPERENSIVE ARTERIOSCERATIC DUE TO CRACIOVASCULAR DISEASE DUE TO CRACIOVASCULAR DISEASE April 10 Magna dial Laboration 5 (A) 45								ONSET AND DEATH
	DISEASES O	abave co	ONS, if o			· • · · · · · · · · · · · · · · · · · ·			/
CERTIFICATION	OTHER SIGNIT TO THE DE DISEASE OR	ATH BUT	NOT RELAT	TED TO					
RTIFIC	19A. DATE OF	OPERATION	198. CONE	ORMED	OR WHICH OPERATION	20 A. A	UTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
AL	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	n or about a	IC. WHERE DID	(If in Boltimo	re City, give exoct locotion)
MEDIC	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)	(Hour)	21E, INJURY OCCURRED		IF. HOW DID IN	JURY OCCUR?	
>	(APPROX.)				While At Work Not While At Work	e 🗌			
	22. I certify that (I) (we)				ed the deceased from		1	19 66 to Sc	
					. (1) ((did) (did not) v				inian death occurred an the date
	23A. SIGNATU		ioses sidie	a apove	(I) (He) (ala hor) V	lew the b	day atter death.	•	23B. DATE SIGNED
	To	me h	1/)	200	M.D. Atte	ending	Med. Director	Stoff Phy s.	9/9/66
/	NAME (A JAME	S, W C	ART		23D. ADDR		MORINAINO	Sprait Belt M
240	BURIAL CREA	AATION, 24B.	DATE	240	NAME of CEMETERY OF CRI	MATORY	24D.	LOCATION	City, town, or county) (Stote)
	Buria	1	9/13/1	966	Loudon Park	Cemet	ery E	Baltimore, M	aryland
25A	. DATE REC'D	SEP 1	3 196	25B. NAM	De A E Francis		UNERAL DIRECTO		Bulto mel.
	150-REV. 1/1/6			i when			Tong Tour	in the	octor I mind



the body was released to the hospital shows: (1) An accident of eceased decease Was 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) (If outside city limits, Frite NORAL 21216 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS RECORDS: BCH,4940 Eastern Ave., Balto, Md.21224 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) apinian death accurred an the date 23 B. DATE SIGNED Baltimore City Hospitals 4940 Eastern Avenue. Balto. Md. 25C. FUNERAL DIRECTOR



9-14-66

66 09226

Luvenia Brown

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

M.E. CASE NO. I NAME OF DECEASED

(Type or Print)

shows:

Was

Burial

V\$ 150-REV. 1/1/65

SEP 13 196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No._

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

9:00

If Under 1 Yr.

Months Doys

12. CITIZEN OF

238, DATE SIGNED

Morton & Dyett Fun. Home 1701 Laurens

WHAT COUNTRY?

U.S.A

If Under 24 Hrs.

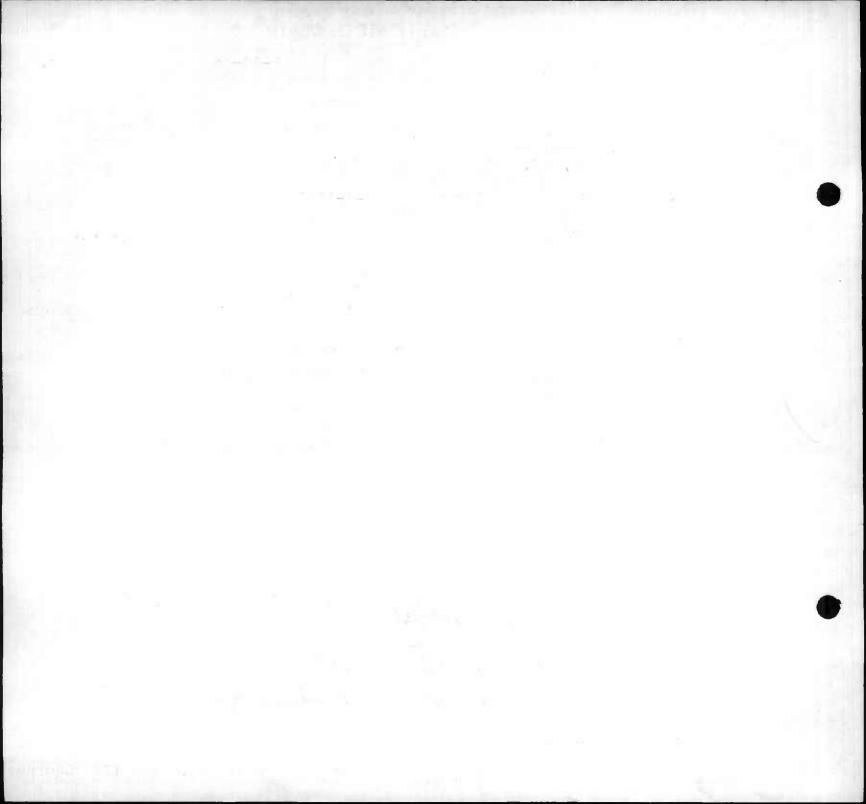
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INTERVAL BETWEEN

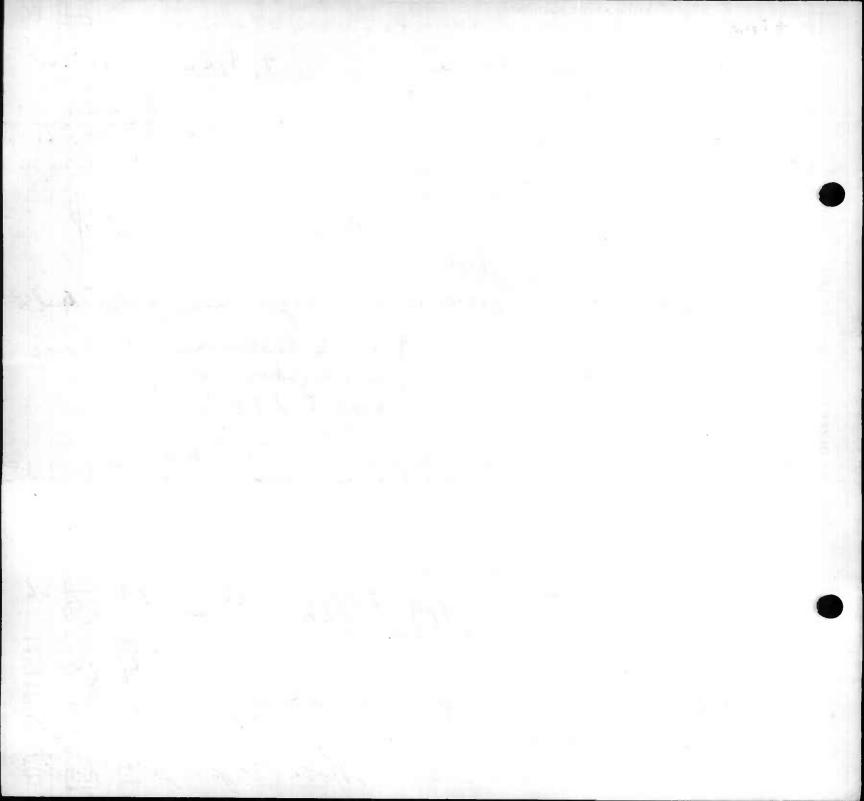
2. DATE AND HOUR OF DEATH

9-10-66

250. FUNERAL DIRECTOR



	BALTIMORE CITY	HEALTH DEPARTMENT
11		TE OF DEATH Registered No. 66 19227
7	A.E. CASE NO. INAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE, MARILAND	14. USUAL RESIDENCE (Whele deceated lived, If institution; residence before admission)
1	PEACE OF DEATH IN BALLINGER, MARCLAND	A, STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street oddress or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and glage township)
	INSTITUTION	BALTIMORE /2 05
1	3 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	326 EAST FEDERAL STREET B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	FEMALE NEGRO WIDOWED, DIVORCED (specify)	1887 lost birthdoy) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during post of working life, even it retired)	11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Lomestic -	MASS. USIT
	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no, or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	218-05-0183	Mary addies 3 26 Federal St
	1B. CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
lì	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Storth Assemin = 12 house
	(This does not mean the mode of dying, e.g.,	ovava restarte 12 voias
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	eun regative sepsis
	ANTECEDENT CAUSES (B) DUE TO	Oct OIA
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)	LLSO CV IV
	UNDERLYING CONDITION lost.	
	other significant conditions Contributing Palyd	at _ malnutrition.
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nia, es cumantrad twhet
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or (No.)) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	NO n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
ш	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Many Work At Work	
	22. I certify that (1) (this hospital) attended the deceased from	9 /8 1966 10 8/9 1966
	that (1) (see last saw the deceased alive on 9/9	19
	and hour and from the couses stated above. (1) (1) (did) (1)	
	23A. SIGNATURE M.D. AHE	ending Med. Stoff Phys. 23B. DATE SIGNED 8/9/66
	23C. PHYSICIAN'S	s. Director Phys. 23D. ADDRESS
	NAME (TYPE) DAVID S. FEDSUM.D.	Johns Horsteins Hospital
	AA BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 240. LOCATION (City, town, or county) (Stote)
	Hunil 9/12/66 Mt Calua	us 1 HH Co. Many
	25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR	25C. SUYERAL DIRECTOR ADDRESS CALL
	SEP 13 1965 1P. O. S. E. Falley M.	Makal W. Jones Jo 1735 Harford
1	VS 150-REV. 1/1/65	



in a haspital and g cause af death ause; (5) Deceased thendance on the or to death. Such	BIRTI M.E. 1. N.A (Type 3. Pi H
ant if death accurred direct or cantributin d; (4) Undetermined cout was in regular a on the deceased prival dispositian is made.	5. SI M 10A. done X 13. F W 15. V (Yes,
xaminer or his assiste a fracture af any kin wha pronounced dec regular attendance	Y
This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or cantributing cause af death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained befare the remains are embalmed ar final dispositian is made.	MEDICAL CERTIFICATION
This certificate must be apposed to the bady was released to the shaws: (1) An accident af an was D.O.A. at a hospital (expectased priar to death); a written approval must be ol	24A]

BALTIMORE CITY HEALTH DEPARTMENT 66 09228 Registered No. CERTIFICATE OF DEATH H NO. CASE NO. AME OF DECEASED 2. DATE AND HOUR OF DEATH e or Print) KING, JR. . WALTER. E. 9-11-66 5:40AM ACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where decrosed lived, If institution; residence before admission)
A. STATE
B. COUNTY A. STATE MARYLAND ULL NAME OF (If not in hospital or institution, give street OSPITAL OR address or location) (If outside city limits, write RURAL and hive township NOITUTITE AGNES HOSPITAL (If rural, give location) WILKENS & CATON AVE. 526 BRISBANE RD. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Yr. Hours If Under 24 Hrs. 5 hinhdoy) ALE WHITE 3-24-09 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) VIRGINIA (NORFOLK) -RAY ENGR. STANDARD X-RAY U.S.A. ATHER'S NAME 14. MOTHER'S MAIDEN NAME MAREL HOWARD ALTER KING Vos Docogsed Ever in U. S. Armed Forcos? 17. INFORMANT 6. SOCIAL no or unknown) (If yes, give wor or dotes of service) AGNES HOSPITAL RECORDS SECURITY NO. ES WW 2 237-18-1196 WILKENS & CATON AVE. BALTIMORE, MD CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BRONCHOGENIC CARCINONA (This does not mean the mode of dying, e.g., LEKT LUNG heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bottimore City, give exact location) OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 1966 8-18 19 66 to 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on.... 9-11 ond hour and from the couses stated above. (1) (We) (did) (did nat) view the body after deoth, 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. 9-11-66 Director ___ 23C. PHYSICIAN'S DR. 23D. ADDRESS NAME (Type) ST. AGNES HOSPITAL M.D. CABRERA VAN 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) BALTIMORE NATIONAL CEMETERY BALTIMORE, MARYLAND BURIAL 9-14-66 258, NAME OF REGISTRAR

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

ADDRESS

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

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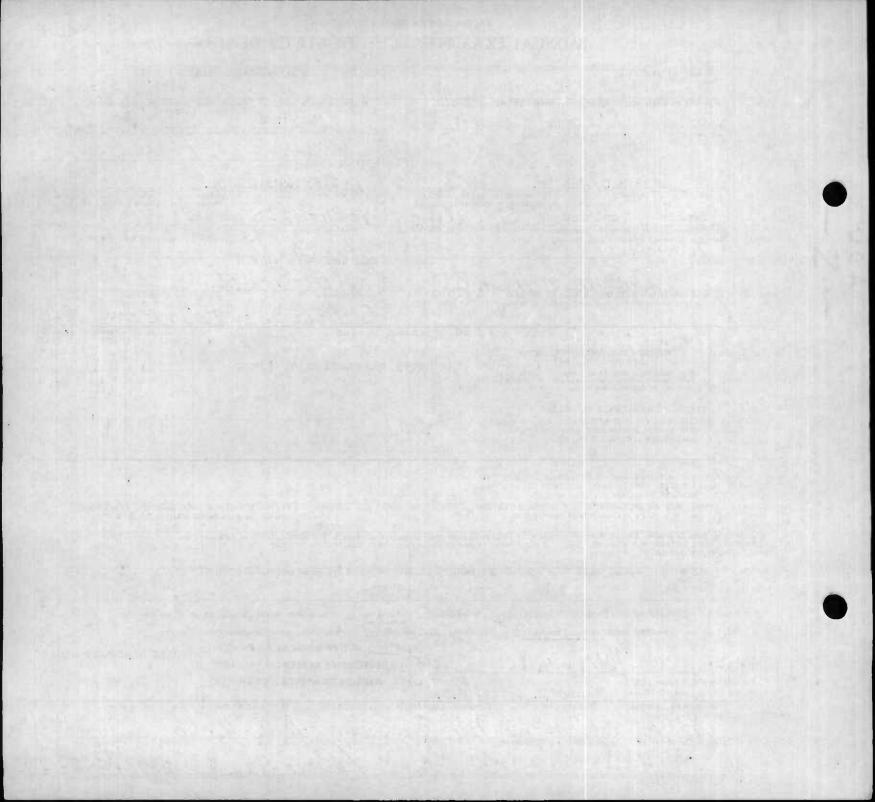
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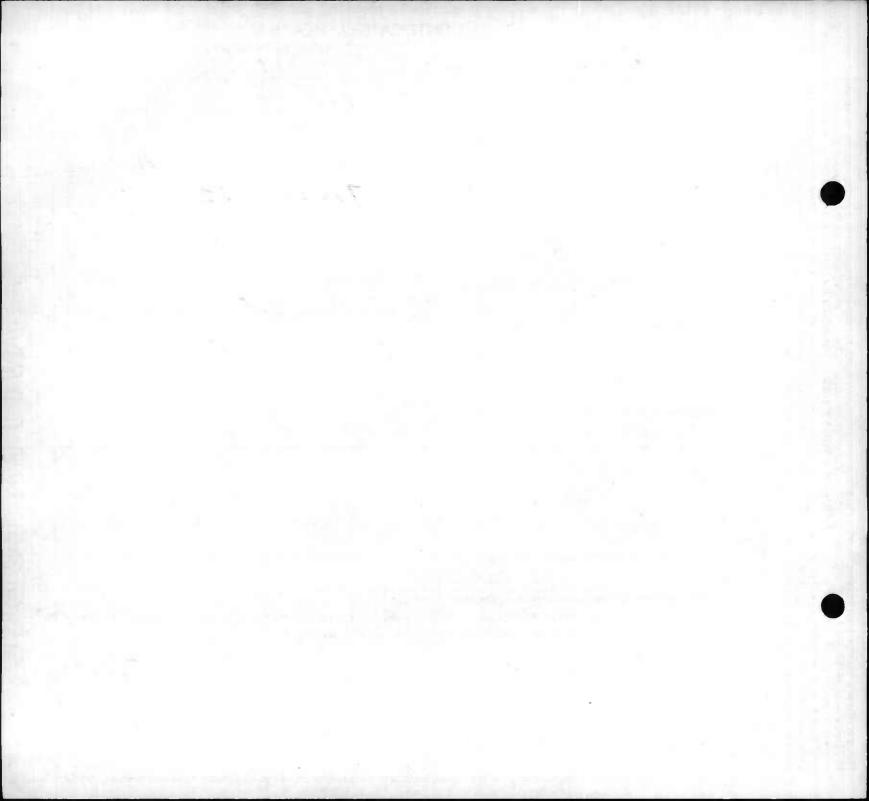
Registered No	66	09228
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MATH NO. 66 09229 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	66 09229
1, NAME OF DECEASED (Type or Print) SAMUEL ST	ravico	2. DATE A	ND HOUR OF DEATH	1 a - Ur 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1016	4. USUAL RESIDENCE	nere deceased lived. If in	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution	loosts aven	A. STATE B. COU		
HOSPITAL OR oddress or locotion) INSTITUTION	n, give theel	C. CITY OR TOWN ()F	outside city limits, write	RURAL ond give township)
LUTHERAN HOSE OF	- 1.5		If rurol, give location)	
CUTHERN MOSE OF	F MD.	7.801 Pla.	Vnor ave	16-06
1 A WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reion country)	12. CITIZEN OF
done during most of working life, even if retired)		145A 9	/exa.	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN N	AME AME	03/4
Frank Stakes	,	- (KMm	18,	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
4le W1- 1917-		ENELYN SI	heeldo 2	647 arunahars
18. / 63 X I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MAI	16 NANCY	OF THE	Chronic
(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)	.g., DUE 10	LUNI	· · · · · · · · · · · · · · · · · · ·	
ANTECEDENT CAUSES	(B)			***************************************
DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to UNDERLYING CONDITION tast.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		UMONIA, -	TERMINAL	
198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bo)timore	e City, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
	While At Work Work Not Whi At Work			Q -
22. I certify that (I) (this hospital) attende		1 -	19/el 10	1-5 1966.
that (1) (we) lost saw the deceased alive o				nion death occurred on the date
and hour and from the couses stated above	. (I) (we) (did not)	riew the body offer deoth	le .	23B, DATE SIGNED
Henry R. Eswa	M.D. Att	ending Med. Director	Stoff Phys.	9-5-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
KENATO R. ESPIN	M.D.	LUTHERA	IN HOSP	OF MP.
24A. BURIAL CREMANON, 248. DATE 24C	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 125R NAM	ORIO //all	PACE (Em)	Balto	ADDRESS
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1000 1111/10/1	The same of the sa	The state of the s		- I U Journal

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BIRT	H NO.		MEDI	CAL EX	AMINER'S C	ERTIFIC	ATE OF L	DEATH Register	red No		
	CASE NO.										
1. I (Typ	name OF DEC	EASED	Ca	therine	Minter		2. DATE ANI	HOUR PRONOUNCE	5/66	8:10]) . _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland					lmission)	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				·	e corporate limits, write	RURAL ond	give townsh	ip)			
	01.0	0 1 0 1	7 1 0				DDRESS (If rurol,				
5. \$		6. RACE	Ion S		NEVER MARRIED	8. DATE OF S	133 McCul	9. AGE (In yeors	Tit Haday 1	Yr. If Under	24 14
J. 3	female	colo	red		OIVORCED (specify)	1/-2	1-1925	lost birthdoy) 40		oys Hours	
	USUAL OCCU	PATION (Give	kind of work	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN		1
		now	if retired)			0	orgine	ia	WHAI	COUNTRY?	
13,1	ATHER'S NAM	Thon	Map.	m	w.ton.	14. MOTHER'S	Person Name	ott	*		
	WAS DECEASE				16. SOCIAL	17 INFORMA	NT/		ADDRESS		
(Tes	, no or unknown)	ur yes, give	wor or dote	s of service)	SECURITY NO.	Syl	via Jon	es 2640	13001	re S	4
	1B.	1.0	1000	1575 317	CAUS	E OF DEATH	0			NTERVAL BE	
8.4	DISEAS	E OR COND	ITION DII	RECTLY						MSEI AND	DEALH
		LEADING T	O DEATH		(A) Fatty	alterat	ion of li	ver			
	(This does n heart failure, injury or con	ot meon the osthenio, etc. aplication which	mode of It meons th coused	dying, e.g., the disease, death.)	DUE TO						
	DISEASES	NTECENDEN	ONS, IF A	NY, GIVING	(B)						
		E ABOVE CAL		TATING THE					200		
8					(C)						
CERTIFICATION	TO THE	DEATH BUT	NOT REL	CONTRIBUTION							
RT	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTC	OPSY? (Yes or No)	20B. IF YES, WERE FIR	VDINGS COI	NSIDERED	
	2		WAS PER			-	es	IN CERTIFYING CAUS			
₹ S	21 A. EXTERNAL UNDERLYING			21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21	C. WHERE DID			otion)	
MEDICAL	UTING CAU	SE OF DEATH		etc.)							
	OF INJURY	(Month) (D	oy) (Yeor		E. INJURY OCCURRED		F. HOW DID INJU	JRY OCCUR?			
	(APPROX.)		15,10	m. V	VHILE AT NOT	WHILE					
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	resul	ted from: N	aturol co	uses X A	ccident			Indetermined monne	er		
	ACTUAL		3000	1.	7.1/	and the same of th	F MEDICAL EX T MEDICAL EX	_		DATE SIG	NED
	SIGNAT		un	TN.	Ju CW.					9/6/66	
	EXAMIN NAME (Type) We		U. Spit	z, M.D.	ASSOCIAT	E MEDICAL E			370700	
23 A	BURIAL CRE	MATION, 23	B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. L	OCATION (City,	town, or con	unty) (Stote)
	Bur	ial	9-10 SEPT.	24B NAME	Mrt Gal	vary	TEM a	12,60	A D	DRESS	Rd
24/	. DATE REC'D	SEP 13		24b, NAME	OF REGISTRAN	244	NERAL DIRECTOR	, ,)	AU S	Y L	
	150 550 100	ari 19	1966	Trabal	re, Janky MI	Vai	yner J.	anders &	176.1	redo	x es





24C. EUNERAL DIRECTOR

ADDRESS

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24A, DATE REC'D BY HEALTH DEPT.

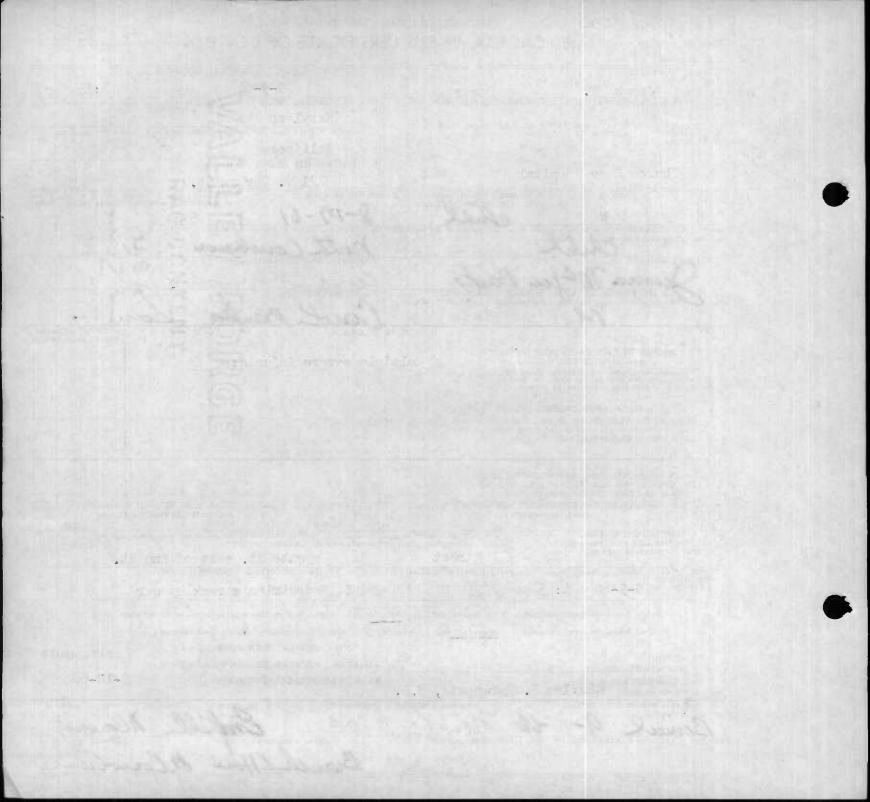
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24B, NAME OF REGISTRAR

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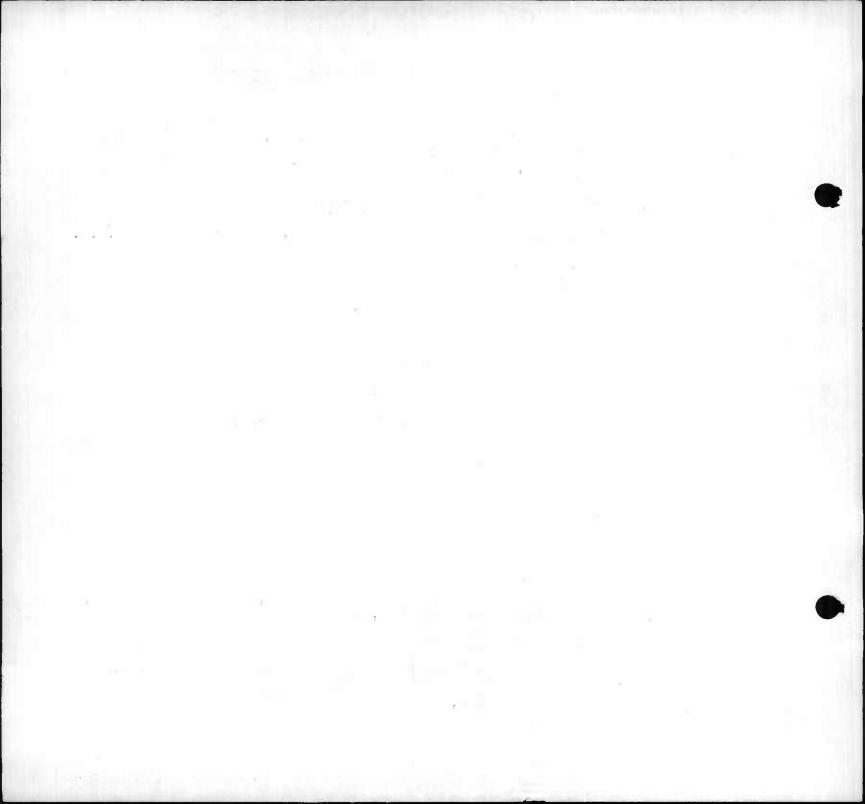
BALTIMORE CITY HEALTH DEPARTMENT		DEPARTMENT	HEALTH	CITY	BALTIMORE	
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TH NO. Most h	Carolination	B,	AMINER'S C	FRTIFICAT	TE OF DEATH Regist	ered 66 (19233	
E CASE NO.	71160	CAL LA	TOTAL TENTO		L OI DEXTITE			
NAME OF DECEAS	ED				2. DATE AND HOUR PRONOUN	CED DEAD		
ype or Print)	F	D			9-9-66		4:55	n
PLACE IN BALTIMO			anks	14. USUAL RESIDI	ENCE (Where deceased lived. If in:			PM.
	,,			A. STATE	yland B. CO	UNTY		
JLL NAME OF	ADDRESS OR LOCA	AL OR INSTITUT	TON, GIVE STREET		/N (If outside corporate limits, wri	te RURAL and	give township)	
OSPITAL OR	ADDRESS OR LOCA	11014)				1 3	15/1	
					timore	Co	-2	
Church	Home Hosp	ital	DOA		(ESS (If rurol, give location)			
01102 011	mone moop.				1 N. Durham St.			
SEX 6. R	ACE		VEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Yr. If Under 2	4 Hrs.
M	N	0/1	Le &	8-17-	-61 5			
		108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign country)	12. CITIZEN		
ne during most of working	ng lifeweigh if refired			hott	Courliner	WHAT	COUNTRY?	
FATHER'S NAME	che	T	4	14. MOTHER'S MA	0000	100	11	
()	in mel	in the	-A-	Parent	melea			
WAS DECEASED EV	VED IN ILS ADMET	ECPCES?	6. SO CIAL	17, INFORMANT	· //efec	ADDRESS		
es, to or unknown) (If y			SECURITY NO.			AUGRESS		
	no	HI SV		1 parot	Banks	Som	A.	
1B.	2.4.		CAUS	E OF DEATH			TERVAL BETW	
DISCASE	N CONDITION D	D.C.T. V				O	NSET AND DI	EATH
	OR CONDITION DI ADING TO DEATH		Mult	iple sever	e injuries			
(This does not a	meon the mode of	dying, e.g.,	DUE TO		-	·····		
injury or complic	otion which coused	deolh.)						
ANTE	CENDENT CALLS	- c						
	CONDITIONS, IF A		(B)					
RISE TO THE AL	BOVE CAUSE (A) S	TATING THE	DOE 10					
UNDERLTING	CONDITION LAST.		(C)					
	11							_
OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTIN	G			0.00		
	ATH BUT NOT RE		E					
19A. DATE OF OPI			HICH OPERATION	20A. AUTOPSY	(Yes or No) 20B. IF YES, WERE F	INDINGS CON	SIDERED	
2	WAS PER			Yes	IN CERTIFYING CAL			
21 A. EXTERNAL CA	AUSE WAS	21B. P	LACE OF INJURY (e.g.,		HERE DID (If in Boltimore City,	give exact locat		
UNDERLYING OR	CONTRIB-	home,	form, foctory, street,	office bldg., INJURY	OCCUR?			
S O III O — CAOSE C	DIAIN.		Street		yette St. east of	Ann St.	0 -0	11
21 D TIME (M	onth) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED		OW DID INJURY OCCUR?			
	-9-66 4:1	15 p w	HILE AT NOT	WHILE X Per	destrian struck by	v car		
22.				GW1				
I certify	that I held on I	nquiry 🔲	Inspection Au	tapsy X and	that on this basis, deoth in	my apinlan		
resulted	from: Natural ca	uses A	cident X Suicia	de Hamici	de Undetermined man	ner		
	100 /	0 (CHIEF MI	EDICAL EXAMINER		DATE CICNI	
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SIGNATURE		- /	M.L		EDICAL EXAMINER	9=	10-66	
EXAMINER'	Charles	S. Spri	ingate, M.D.	ASSOCIATE M	EDICAE EXAMINEN			
A. BURIAL CREMAT				or PREMATORY	23D. LOCATION (Cit	ty, town, or cour	nty) (Sto	ite)
EMOYAL (Specify)	12 15	16	noil 12	1 line	65000	no	1 -	
Derneex	- 19-12	00 1	Len-Ceru		anguel	1160	anun	_
AA. DATE REC'D BY	HEALTH DEPT.	248. NAME C	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADI	DRESS	
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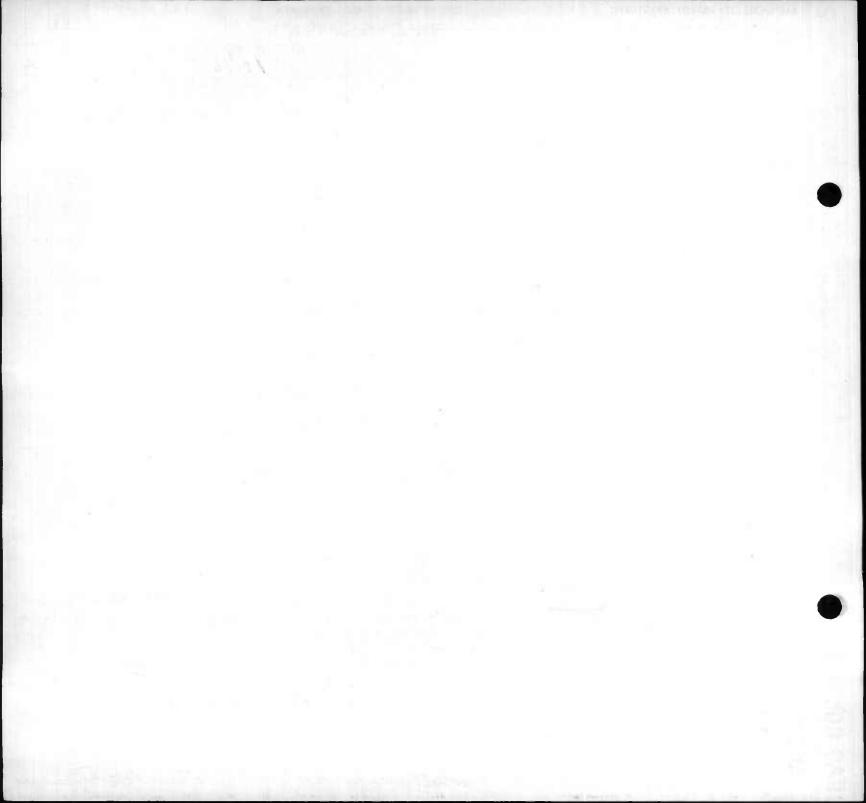
77		BALTIMORE CITY	HEALTH DEPARTMENT		00 00004		
BIRTH NO. 66 U9234 CERTIFICATE OF DEATH Registered No. 66 U9							
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH			
	(Type or Print) Ruth Holme		YLASCO) 9-3	11-66	7:20 nM.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, if ins	titution: residence before admission)		
	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION			URAL and give township)			
-	C Provident H		Baltinore, D. STREET ADDRESS (If n	/	4-0-		
9	7 1514 Divisi		D. STREET ADDRESS (If n	rol, give location)			
made.	Baltimore, 5. SEX 6. RACE 17. MAE		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24				
is ma		OWED, DIVORCED (specify)	I	ost birthdoy)	Months Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
disposition	Housente		Baltimore, Man	ryland	U.S.A.		
00	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE 1			
isp	Malachi Bulta		Thomase	ande,	202		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
final	70		Mr. George Holm	nes (husban	d) Same		
or f	18. 3 7 0 . 6 1	CAUSE OF			INTERVAL BETWEEN		
ed o	DISEASE OR CONDITION DIRECTLY		-		ONSET AND DEATH		
H	LEADING TO DEATH (This does not mean the mode of dying,	(A) Acut	e Intestinal Ok	struction	5 days		
balm	heart failure, asthenia, etc. It means the dis						
eme	injury or complication which coused death.) ANTECEDENT CAUSES	(B) Urem	ia				
	DISEASES OR CONDITIONS, if any, g						
are	rise to the obove couse (A) stating	*****					
ins	UNDERLYING CONDITION last.						
T a	OTHER SIGNIFICANT CONDITIONS CONTRIB						
9	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.) THE					
the remains		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?		
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	City, give exact location)					
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?			
ained	S OF INJURY (APPROX.)	While At Not While					
pta	22. I certify that (I) (this haspital) attend	Work At Work	1	66 Sent	ember 11, 19 66		
0	that (I) (we) last saw the deceased alive		7.06.6				
pe				Tin(my) (dur) apin	ian death accurred an the date		
must	and haur and fram the causes stated aba	ve. (I) (we) (did) (did nat) vi	iew the bady after death.		23B. DATE SIGNED		
E	Alla C. e	M.D. Atter	nding Med. S	Stoff -			
۵	23C. PHYSICIAN'S	Phys 2	i. Director F	Phys.	9-12-66		
010	NAME (Type) Joel Mal						
approval		4C. NAME of CEMETERY of CREAT	MATORY 24D LO	CATION (City	(State)		
	REMOVAL (Specify)	h.+11	01	OAT C	town, or county) (Stote)		
ritten	25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	allo mex	ADDRESS		
¥.		lo E FarleyMA	25C. FUNERAL DIRECTOR	11 11	ADDRESS 12 /s		
-	OLI 10 1300 (12)	D. S. Mankey Man	Lessing V.	viesa	000 Bandy		



0 00005	BALTIMORE CITY HEALTH DEPARTMENT
6 09235	CENTIFICATE OF DEATH

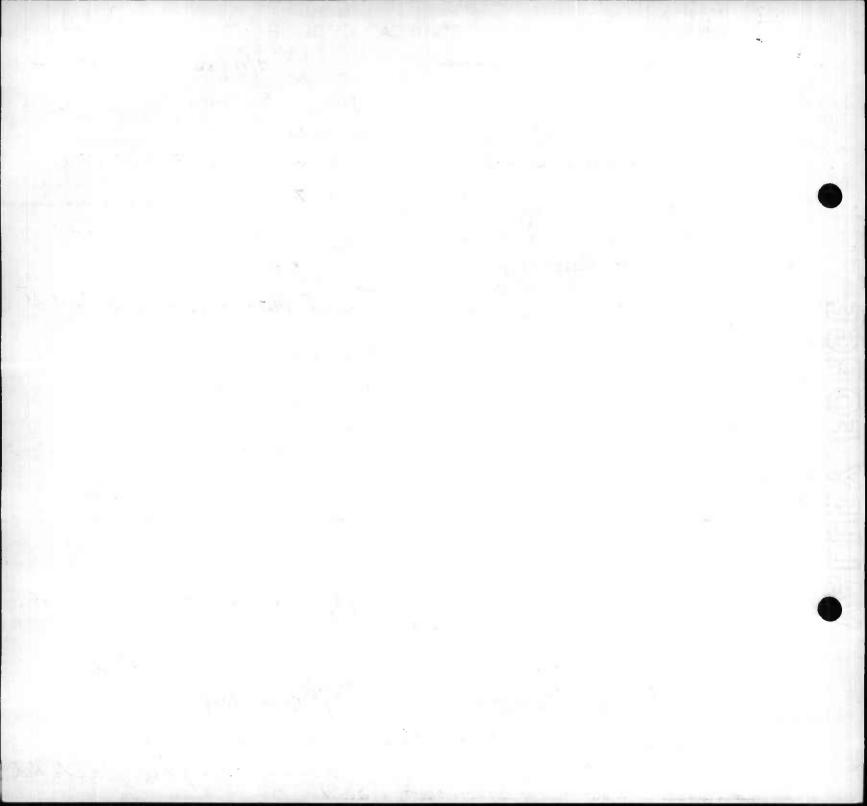
Registered No.	66_09235
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- 11	ин No. 66 U9235		TE OF DEATH	Registered No.	66 09235
1.	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1 5:00 Au
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUN	TY	astitution: residence before admission)
	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	ion, give street	1 11	side city minis, vanc	RURAL and give township)
4	Lutheran		D. STREET ADDRESS (If	ruiol, give location)	4
S.	12 MIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost, birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months! Doys ! Hours ! Min.
S 10	A. USUAL OCCUPATION Give kind of work 108. KINI		7/12/65	4/	12. CITIZEN OF WHAT COUNTRY?
di	ne during most of working life, even if retired) Townsteff FATHERS NAME		Ball me	L	USA
disposition 13	Richard Harris	,	1 in km	1074	
	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	h. 1 1.	ADDRESS
0	DISEASE OR CONDITION DIRECTLY	CAUSE (OF DEATH	1 maan	INTERVAL BETWEEN ONSET AND DEATH
balmed	LEADING TO DEATH (This does not meen the mode of dying,	e.g., OUE TO	dremia		
E	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		uteriolo nephresc	Jevosic	
are e	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives the lotter of the obove couse (A) stolling		ASCVA	Manual Ma	
	UNDERLYING CONDITION Iosi.	(C) ZY		,	
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Congret	ive Heart Fe	ni luve	
e the	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
befor	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
0 7	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work		URY OCCUR?	
e obte	22. I certify that (I) this haspital attend that (I) (we) last saw the deceased alive	ed the deceased from to	July 27,	19 6 ta S	eptember 10, 19 66
ust b	and haur and fram the causes stated abay	e. (I) (We) (did) (did nat)	view the bady after death.		23B DATE SIGNED,
E	Roter Collection	M.D. At	tending Med. pirector	Stoff Phys.	9/10/16
approval	23C. PHYSICIAM'S NAMP Cype) bent C. B/	acklnon M.D	Lutheran	Hospita	
D 12	A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CI	REMATORY 24D. L	Martin (C	ity, town, or county) (State)
uetti 2	SA, DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. EUNERAL DIRECTOR	Jaco /	ADDRESS
	SEP 13 1966	S. F. Falley MA	Chroya.co.	URON-1000	1 sunley on



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000	
BIRTH NO. 66 09236	CERTIFICAT	TE OF DEATH	Registered Na.	66 09236	
1. NAME OF DECEASED	7	2. DATE ANI	D, HOUR OF DEATH		
(Type or Print) MRS. MARQUELITE M.	ONAHAM	9,	111 66	10 PM.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE I Where	e deceased lived. If insti TY	itution: residence befare admission)	
FULL NAME OF (If not in hospital or institution, address or location)	give street		ALTIMORE	18-05	
INSTITUTION Ron Secours Hespital	2		side city limits, write RU	RAL and give township)	
Nostitution Bon Secours Hospital	T.	BALTIMOKE -	urol, give location)		
Baltimore 23, MK	K	1210 W. Lom	band St.	#23, md.	
F W WIDOW	Marrita	3/6/97	69	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND of done duffing most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Acretory 160	Tus	Maryla	uo	USA	
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM			
(Kobrat Frater)	CIFFER	O'Bri	Eu		
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 216-03-3221	LOMES - MOR	alan (210	address of T	
11B. 4 20.1	CAUSE OF	DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	0	7 11	1.05	ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) A	ente Mycess	ucered tu		
heart failure, osthenia, etc. It means the disease injury or complication which caused deoth.)	heart failure, osthenia, etc. 11 means the disease,				
ANTECEDENT CAUSES	(B)	Vite vio encle	11. 16		
DISEASES OR CONDITIONS, if any, giving	BUE 10	THE VER WIELL	ierce no	41/	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	e (C)	outered "	• • • • • • • • • • • • • • • • • • •	************************************	
l II			-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T	NG HE				
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No)	208 IE VEC WERE EIN	IDINICA CONFIDENCE	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	ZOM. AUTOPST: Ties of Roll	IN CERTIFYING CAUS	ES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi- c.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore (City, give exact tocotion)	
W OF MILLIPY	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
≥ (APPROV)	hite At Not While At Work				
22. I certify that (I) (this hospital) attended	the deceased from 9/	11/6 3:05 AM 1	9 66 to 9/1/	1 1966,	
that (I) (we) lost saw the deceased alive on	9/11/66			on death accurred an the date	
and haur and from the causes stated above.	(I) (We) (did) (did nat) vi				
23A. SIGNATURE	(1		1	3B. DATE SIGNED	
/ waluu	M.D. Atten	ding Med. Director	Stoff Phy s.	9/11/66	
23C. PHYSICIAN'S NAME Hypel	,	D. ADDRESS	And		
24A. BURIAL CREMATION, 124B. DATE 124C.	NAME of CEMETERY OF CREA	AATORY TOUCH	CATION (City,	(5)	
REMOVAL (Specify) 9/15/66 N	ew Cashodi	al Con	Posto M	town, or county) (State)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	2110	ADDRESS	
SEP 14 1966 Rober	of E. Janber M.A.	Thomas	Forny h	a posto Md	
VS 150-REV. 1/1/65			7		

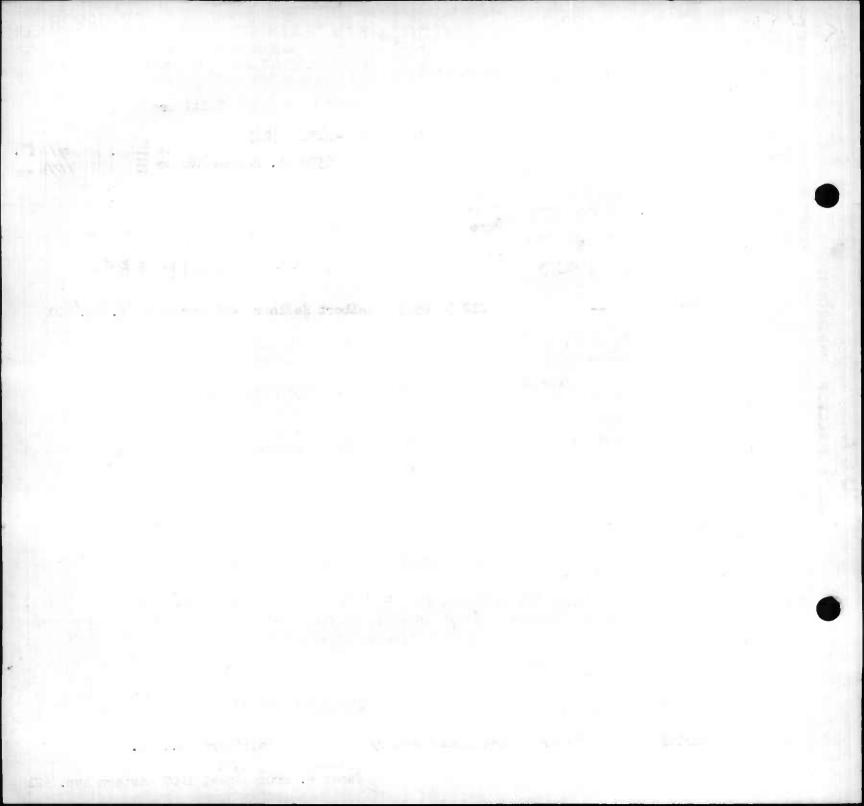


66 09237	BALTIMORE CITY	HEALTH DEPARTMENT	00 000000	
BIRTH NO. 00 00 00 13	CERTIFICA	TE OF DEATH Registered N	la. 66 U923/	
1. NAME OF DECEASED (Type or Print) HARDEST	Y, Flora M.	2. DATE AND HOUR OF DEA	11:00 P M	
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived, I A, STATE B, COUNTY	lf institution: residence before admission)	
FULL NAME OF (If not in hospital or	institution, give street	Naryland Baltimore		
HOSPITAL OR address or location) INSTITUTION	# 21224	C. CITY OR TOWN (If autside city limits, wri	ite RURAL and give township)	
PAITINDE C	ITY HOIPTTAIC	-857-4-77774=E33EX (2)		
4940 Eastern Ave. Balt	imore, Maryland	D. STREET ADDRESS (If rurol, give location)		
5. SEX 6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
emale hite	never morried	1-3-66 (OST DIFFIGURY)	88	
IDA USUAL OCCUPATION (Give kind of work)	B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
worker working life, even it refired)	pro-patterior (h	$M \mathcal{A}$.	U.S.A.	
13. FATHER'S NAME	/ /	14. MOTHER'S MAIDEN NAME		
William Hard	esty	Alice PEYT		
5. Was Deceased Ever in U. S. Armed Farce Yes, no or unknown) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADD \$ 521224	
NO	-	BCH: Records: 4940 Easte	ern Ave. Baltimore, M	
18. 5 7/.01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRE	CTLY	Dolude to	3 /	
LEADING TO DEATH	lying, e.g., DUE TO	Dehydration	. 3 days	
(This daes nat mean the mode of a heart failure, asthenia, etc. It means t	ne disease,	- / / /		
injury as camplication which caused d	leath.)	Sastroenteritis 3 days.		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ar	ly, giving Pos	sible Sepsis	?	
UNDERLYING CONDITION lost.	**************************************			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.				
	TION FOR WHICH OPERATION	VE C IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? VES	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Boltie	mare City, give exact lacotion)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	hame, farm, factory, street, a	mice bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
₩ OF INJURY (APPROX.)	While At Not Whi			
	Work At Wark		0/:	
22. I certify that 🀠 (this hospital)	attended the deceased from	7/10 196 to 10	7/11 1966	
that (1) (we) lost saw the deceased	alive on	19 66 ond that fn(my) (aur)	opinian deoth accurred an the date	
and hour and fram the causes state	d abave. (I) (We) (did) (did-not)	view the bady after death.		
23A. SIGNATURE		ending Med. Stoff Stoff Phys.	238. DATE SIGNED	
23C. PHYSICIAN'S	Phy	23D. ADDRESS		
NAME (Type) Julio Z	avala M.D.	Baltimen City Laglei	ore, Maryland # 2122	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)	
Burial 9/14/66	Holly Hill Memor	ist Bandons D-27		
7/21/00	5B. NAME OF REGISTRAR	ial Gardens Baltimore Co	Maryland	
SEP 1 4 1986 16	P. S. E. Fallenge	The state of the s	+07 Mastern Ave. #21	
VS 150-REV. 1/1/65	TOWNER - P. CONT.	The state of the s	TO TO THE STORY OF THE STORY	



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	co co ce o
	or or de
	if dect way way the the
Z	dis dis
TA	isto he kin dea ce ce
OR	ass if t ny ny ed dan dan
AP	his of a onc
=	Par Par
FUNERAL DIRECTOR: IMPORTANT	ner. Ictu pro lar
10	fro fro egu
E	SXG W W
DIR	cal ale s; (% ian is in
=	dice dice urn ysic wa
RA	y by by phy ian
Z	Bod Bod the
E	by (2) I
	No No
	osp osp pt v (6)
	rov ne h kce nd
	du d
	t of t t of t ital ital
	de de
	a h
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	his how how ras ece
	F 0 2 0 3

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 66 09238 CERTIFICA	ATE OF DEATH Registered No. 66 09238
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type at Print) MRS ALVERTA A. KELLNER	September 10,1966 12 noon M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND Baltimore
HOSPITAL OR address a location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
6 aturch Home & HOSPITAL	Dundalk (22) D. STREET ADDRESS (If ford, give location) (grant of location)
	4 6578 St. Helena Avenue (d) (Husband)
5. SEX 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) SEPARATED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under 24 His. Months Days Hours Min. 2 11 38 28
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	WHAT COUNTRY?
Housewife - BABY SITTER	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PALPH WATY	LEONA WHITE
15. Was Deceased Ever in U. S. Armed Faices? (Yes,na ai unknown) (II yes, give wai oi dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 212 36 0543	Albert Keliner 480 Barrison Pt. Rd. #21
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	LNDNAKU FUROLUS 2 (7) ONSET AND DEATH
LEADING TO DEATH	LMONARY EMBOLUS 3(?)
heoil failuie, asthenia, etc. II meons the disease,	The following the state of the
injuly at camplication which coused death.)	LE PERITONITIS
DUE TO	
DISEASES OR CONDITIONS, if ony, giving uise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OF CONDITION CAUSING IT.	[20.4 A 1 = 0.6346 [W]
WAS PERFORMED 176. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, larm, loctory, street,	in at about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldgs, INJURY OCCUR?
Q 21D, TIME (Month) (Day) (Year) (Hour) 21E INTURY OCCURRED	21F. HOW DID INJURY OCCUR?
₩ OF INJURY While At Not Wh	ile
Wark - At Wark	
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) lost sow the deceased alive on Supt. 10	19 6 cond that in my) (our) opinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.
23A. SIGNATURE	238. DATE SIGNED
	thending Med. Director Direct
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MANUEL J. TAN M.D.	CHUKEY HOME & MOSTIA
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6 9/14/66 Oak Lawn Cemete	Baltamore Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. LINERAL DEECTOR ADDRESS
SEP 1 4 1966 R.D., B.E. Santana	James E. Bruzdynski 1407 Eastern Ave. #21
VS 150-REV, 1/1/65	V TO THE TABLETT AVE. #21



VS 151-REV. 1/1/65

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CHARLOS

BRUMSIUM GOLA USA

Martinological 30 Bearing

mond Here

	death occurred in to contributing Undetermined carvas in regular attended expensed priores deceased priores is made.
IMPORTANT	Also, if the director of any kind; (4) anounced death waterdance on the lambdance of the la
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular attached prior to death); and (6) No physician was in regular attendance on the deceased prior which any contributions are embalmed or final disposition is made.

BIRTH NO. 66 09240 M.E. CASE NO.	CERTIFICATE OF DEATH		
	CERTIFICATE OF DEATH	Registered Na.	09240
T, NAME OF DECEASED (Type or Print) CrReen, Joseph		12-66	930 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution,	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If institution:	101
HOSPITAL OR Oddress or location) INSTITUTION LINECKE MEMORIAL NURS 27 N. CARRY ST. BALTIMORE, Md. 2126	D. STREET ADDRESS 309 N.	Mount Stre	et
5. SEX 6. RACE 7. CMARRIED	NEVER MARRIED b. DATE OF BIRTH 2/10/93	9. AGE (In years If Und Months	er 1 Yr. If Under 24 Hrs Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY IN BIRTHPLACE (Stole or	WH	TIZEN OF HAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN	NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 12 INFORMANT 12 -12-1638 Xay GREE	~ 309N Mo	ent 5t
18.493 I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) (Freumania DUE 10		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cerebral Vascular	accident (oed)	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION 20A. AUTOPSY? (Yes o	No) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in or about 21 C. WHERE DI le, form, factory, street, office bldg., INJURY OCCU	D (If in Boltimore City, gi	ve exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E	ile At Not While	INJURY OCCUR?	
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive an	Sept. 11. 1966 an	19 66 to Septe 1 d that in(my) (aur) apinian de	ath accurred an the da
and haur and from the causes stated above. (23A. SIGNATURE	M.D. Attending Med. Director		ATE SIGNED
23C. PHYSICIAN'S NAME (Type)	ARINE M.D. 930 WI	HITELOCK ST	PACT
7.000		D. LOCATION (City town,	
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) Plant 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	nt Aubur	Barbond	or county) (Stote)

30810 10100 0000 Men Some Missing Theme Securitaries of antioned ST

	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 09241
		ATE OF DEATH Registered No	00 03241
	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR, OF DEATH	
	(Type or Print) KNUCKLES, MURTE E	9/12/66	9:45 Am.
0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institut A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURA	C 17 y
28	UNIVERSITY OF MARY LAND HUSPITAL	BALTIMENS (If rurol, give location)	2001
0		1812 LAURETTA	AVE.
made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DILYORCED (specify) MARRIED WARRIED WIDOWED, DILYORCED (specify)	lost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
.2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	JAN, 10,1910 56 IY 11. BIRTHPLACE (Stote or foreign country) 12	. CITIZEN OF
disposition	done during most of working life, even if retired) House Wire-LAUNDAY	SOUTH CAROLINA	WHAT COUNTRY?
Sit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, -, , ,
ispo	Basenown	Luzie CAMP	
0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
final	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	HOSPITAL CHART. + 40	SBAND
0	18. 1) 2 4 V CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
T O	LEADING TO DEATH	MUNTRY INFARCT	1 Hour
mbalmed	(This does not meen the mode of dying, e.g., DUE TO healt foilure, asthenia, etc. It means the disease,	, and the second	
de	injury or complication which coused death.)		
9	ANTECEDENT CAUSES (B) DUE TO		
0			
Sar	rise to the obove couse (A) stating the (C) \(\int \text{IT} \) (C) \(\int \text{IT} \) (C)	OCHRUMO CYTUMA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ü	ONDERENING CONDITION IOSI.		
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
0	U 21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (II in Boltimore Cit	y, give exact location)
before	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	y, give exoci loconom
	OF INTERED (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21E HOW DID INTURY OCCUPY	
ained	V W W W W W W W W W	hile (
	(APPROX.) NONL Work AI Wo	NONC	/
obt	22. I certify that (I) (this hospital) attended the deceased fram	1/166 1966 to 9	12 19 66.
	that (1) (we) last saw the deceased alive an 9 12	19 6 and that in (🛶) (aur) apinlar	death accurred an the date
+ P	and haur and fram the causes stated above. (4) (We) (did) (view the bady after death.	
must	23A. SIGNATURE	231	L DATE SIGNED
	Dent C Sanles M.D. A	ttending Med, Stolf Phys.	9/12/66
DAC	23C.PHYSICIAN'S NAME (Type)	, , , , , , , , , , , , , , , , , , , ,	BALTIMINO MA,
pproval	BRENT C. SANDERS M.		10 #26
Ф	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		own, or county) (State)
ten	KerrovaL 9/15/CL	GAFFNEY	J.C
-			

V\$ 150-REV. 1/1/65

V. 1/1/65

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1638NGILMI

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Horenson

Fernone Hafer

Company V. C.

BIRT	66 H NO.	0924	MEDIC		AMINER'S C			DEATH Regist	ered No.	2220
	CASE NO.									
1. N	AME OF DEC	EASED					2. DATE AN	D HOUR PRONOUN	CED DEAD	
,,,,,		William	D.		Dorsey		9-9-	-66	1 4:0	05 PM.
3. PI	LACE IN BALT	IMORE, MAR	LAND, WHE	E PRONOU	NCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If in: B. CO	stitution: residence be UNTY	elore odmission)
FUL HOS INST	L NAME OF	(IF NOT I	N HOSPITAL OR LOCATIO	OR INSTITU	TION, GIVE STREET	C. CITY OR TO		e corporate limits, wri	te RURAL and give	township)
1	Marylan	d penit	entiary			D. STREET ADD	DRESS (If rurol,	give locgtion)	-//-	
5. SI		6. RACE			NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	II Under 1 Yr. I	
	M	N		DING		1/	-1526	71		
	during most of			R KIND OF	EANERS	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COL	NTRY?
13. F	ATHER'S NAN	E OIS	4	7	(()	14. MOTHER'S			7	
16.	cum	+	Don	564		BERT	INA K	lary man		
(Yes,	vas DECEASE , no or unknown:	Of yes, give	wor or dates o	f service)	SECURITY NO.	WM &	- Dons	lariman EY1506	VINE St	
	78.	1			CAUSE	OF DEATH	, , , ,	/		AL BETWEEN
	97	1 / 1	NTION DIREC						ONSET	AND DEATH
		LEADING T			Per:	itonitis				
	(This does re heart failure, injury or con	not meon the osthenio, etc. mplicotion which	mode of dy It meons the ch coused dec	ing, e.g., e diseose. ih.}	DUE TO					
		NTECENDEN			Pet	rforated	gastric	ulcer		
	RISE TO TH	OR CONDITI E ABOVE CA	ONS, IF ANY,	GIVING ING THE	DUE TO		••••••			
7	UNDERLYIN	IG CONDITION	ON LAST.		(C)					
<u>ō</u>		- 11								
CERTIFICATION	TO THE	DEATH BUT	NOT RELAT	ED TO TH		~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		*** O***** ** ** *** *** O** O** * * *	00×000000+0×000ו••	***************************************
CERT	19A. DATE OF			ON FOR W	HICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE F		Yes
U	21 A. EXTERNA UNDERLYING D UTING CAU	OR CONTRIB	-	21 B. P home, etc.)	lom, loctory, street,	in or obout 21C. office bldg., INJUI	WHERE DID	(If in Boltimore City,	give exoct locotion)	
	21D TIME	(Month) (D	loy) (Year)	(Hour) 21	E INJURY OCCURRED	21 F. H	ILNI DID WOL	JRY OCCUR?		
	OF INJURY (APPROX.)		, , , , , , ,		HILE AT NOT	WHILE ORK				
	22.	tify that I he	old an Inqu	iry 🗌	Inspection Au	topsy X a	nd that on thi	is basis, death in	my apinian	63:1
	resul	ted fram: N	atural cause	s XX A	ccident Suicid		ide 🗌 👢	Undetermined man	ner 🗌	
		17	7 0	0 (70	CHIEF	MEDICAL EX	AMINER -		E CIONED
	SIGNAT		iarle	J. J.	a set up	ASSISTANT I	MEDICAL EX	CAMINER A		E SIGNED
	EVAMIN	EDIC	rles S.	Sprin	gate, M.D.	ASSOCIATE			9-10	- 66
	BURIAL CRE	MATION, 23	B. DATE		NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (Cit	ly, town, or county)	(Stote)
KEN	Syal (Specify	0 9	led lis	1 /	BALTO M	larene.	1	Balt	nd	
24A	. DATE REC'D	BY HEALTH	DEP1. 2	4B. NAME C	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	Jours .	ADDRESS	S
	7,37	CED 4 4	1000	10 8	C 700 40	m	4	. n. 11.	pr GS/	26112
VS	151-REV. 1/1/	OEF 14	: 1300 ([ak 40. 10	E. Farley MA	7 /20	Jan		/	(0

BALL SIEERS THE RESERVED AND ASSESSED. 1506 Vest 35 Succes 12-1-1826 39 PROSECUL DRYCHERTERS EAST 179 com to Doeself ... Bearing Heaving comf Trasspirar Kno St. Burner Maple Barrer Warman Bath mil Mar John W. Mayor Car Come

23C. NAME of CEMETERY of CREMATORY

23D. LOCATION

24C. FUNERAL DIRECTOR

(Stote)

(City, town, ar county)

Charles S. Springate, M.D.

248, NAME OF REGISTRAR

EXAMINER'S

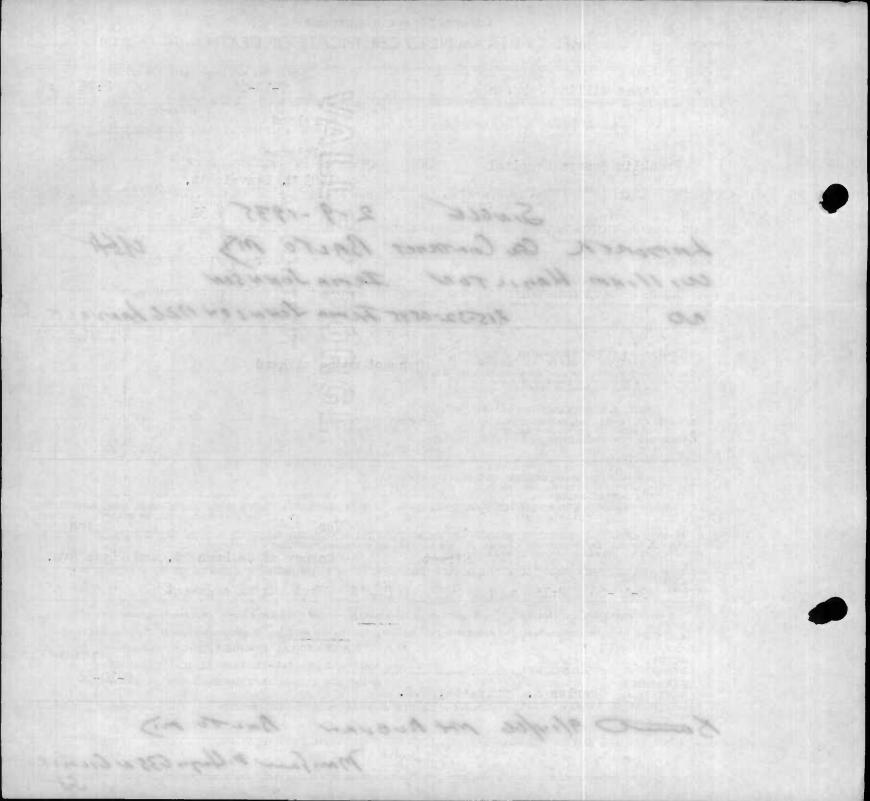
NAME (Type) 23A, BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.

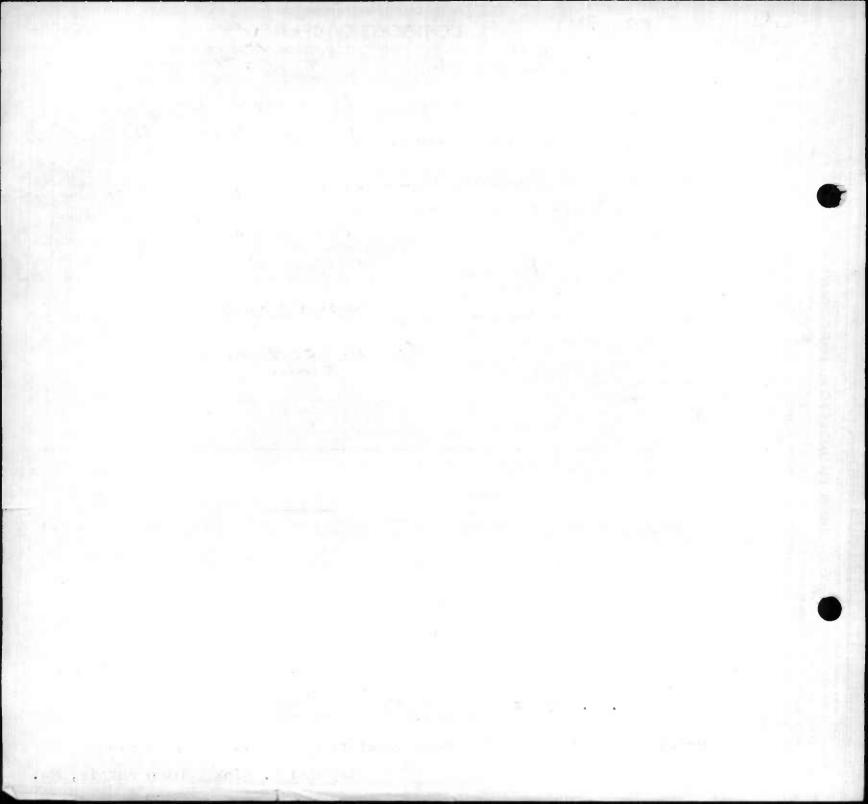
REMONAL (Specify)

VS 151-REV. 1/1/65

23B. DATE



66-18528	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
BIRTH NO. 66 U9244		TE OF DEATH	Registered No	. 66 09244
1. NAME OF DECEASED Joanna H (Type or Print) Barbare	Bento		STAM	9/12/66
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital or institu	tion, give street	41	one Rd	all
HOSPITAL OR oddress or location) INSTITUTION		c. CITY OR TOWN (IF OU	tside city limits, write	RURAL and give township)
HOCO	BALTIMARC	Linthicim	Hts.	21090 (2-11)
UNIV. HOSP, I	DITCHIORE	D. STREET ADDRESS (If	rurol, give location)	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
ω		9/2/66	to .	10
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		4.4	12. CITIZEN OF WHAT COUNTRY?
		Baltimo		
13. FATHERS NAME		14. MOTHER'S MAIDEN NA		
Jesse J. Be	nto	Barbara,	Wear	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no at unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
		Hospital Rec	ords	
18.754,5 T	CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Con	genital acyan	whichear.	+
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	disease		**************************************
injury at camplication which caused death.)	,			
ANTECEDENT CAUSES	(B)		******************************	
DISEASES OR CONDITIONS, if any, g				
uise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	** * *** * * * * * * * * * * * * * * *		
STADERETING COMPINION (85).				
OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING			
TO THE DEATH BUT NOT RELATED TO				
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	D) 20B. IF YES, WER	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED	upoped to see	yes	IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 24 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	e		
22. I certify that (I) (this hospital) attend			10	10
		and State State of the State of	19to	19
that (I) (we) lost saw the deceased alive			ot in (my) (aur) of	pinion death occurred on the dat
and hour and from the couses stated about	ve. (I) (We) (did) (did nat)	riew the body ofter death.		
23A. SIGNATURE	A 4 Ph A 11	nadina - A4-4 -	Shall -	23B. DATE SIGNED
4. 1. Alla	M.D. Att	ending Med. S. Director	Stoff Phys.	9/12/66
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		
J. F. Seegar	M.D.			•
	C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (City, town, or county) (State)
	Uala Carres a	THE STATE OF THE S	7	
Burial 9/13/66 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Holy Cross Cer	25C. FUNERAL DIRECTOR	altimore,	Maryland
SEP 14 1966 (P.D.	BE Farley MA			
VS 150-REV. 1/1/65		Raymond C.	FIIK G	len Burnie, Md.

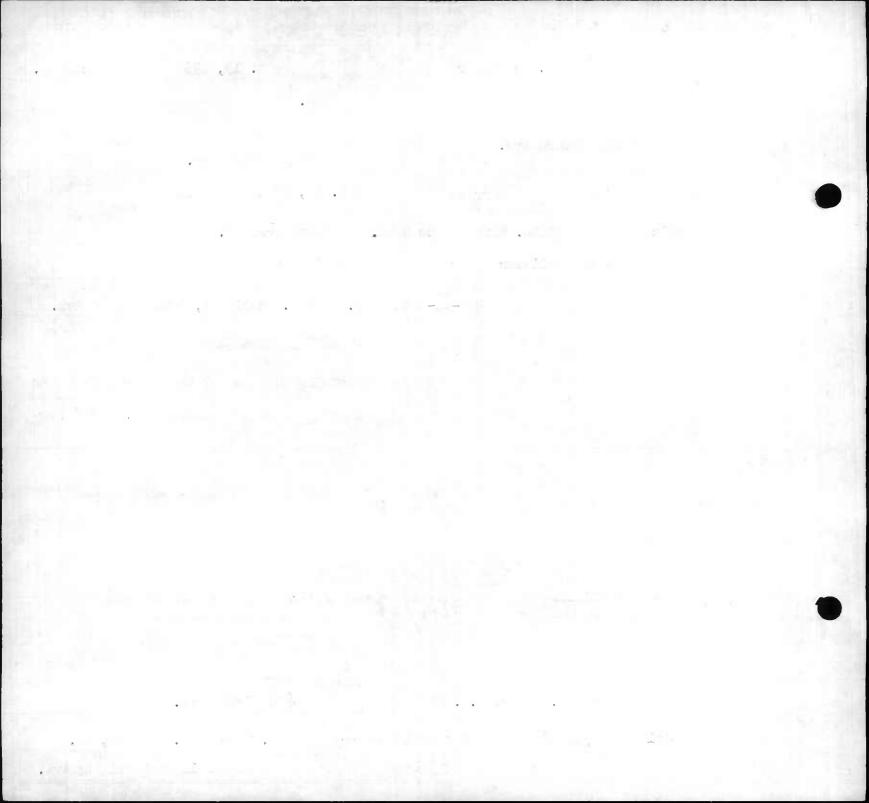


VS 150-REV. 1/1/65

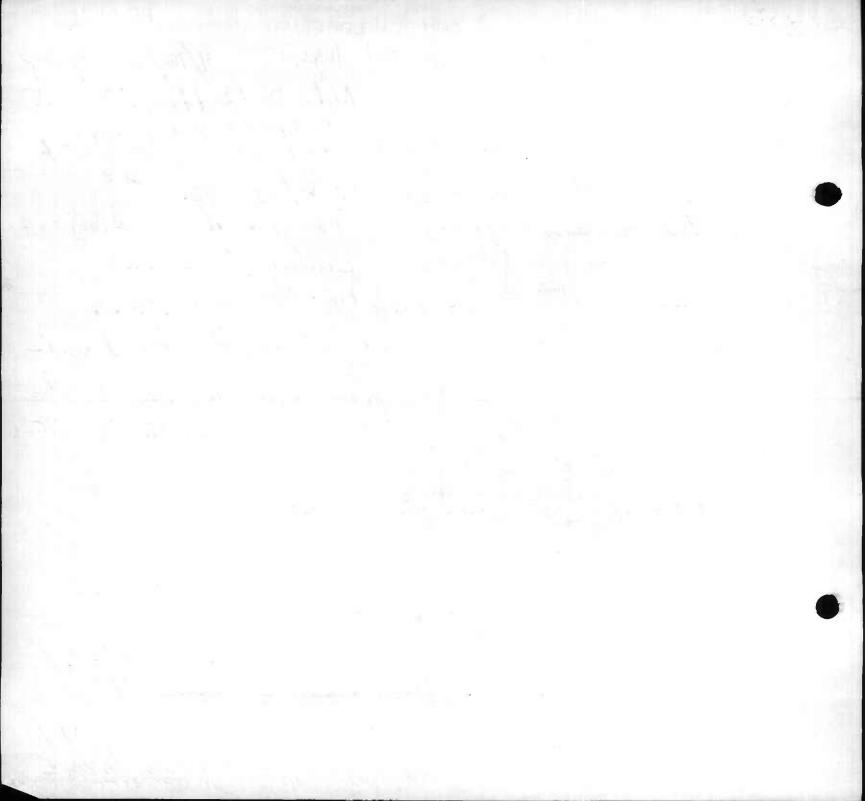
Such

of death

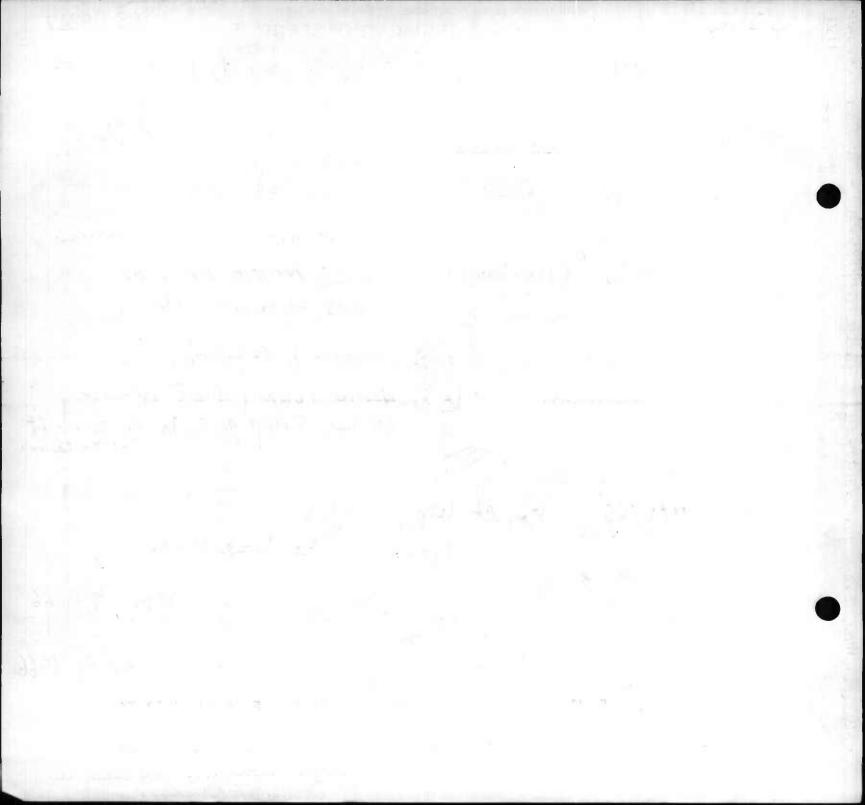
BALTIMORE CITY HEALTH	DEPARTMENT 66 09245
BIRTH NO. 66 09245 CERTIFICATE OF	DEATH Registered No. 00 0329
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
John H. McAlister	Sept. 13, 1966 2:20 A M RESIDENCE (Where deceased lived, If institution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL A, STATE	RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or lacotion) INSTITUTION C. CITY C	Md. R TOWN (II outside city limits, write RURAL and give township)
3102 Oakford Ave.	Baltimore ADDRESS (If rorol, give location) 3102 Oakford Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE O	
Male White Widoweb, Divorced (specify) Sept.	13, 1894 ost birthdoy 72 Month's Doy's Hours Min,
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP done during most of working life, even if retired)	LACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	Baltimore, Md,
	ER'S MAIDEN NAME
John McAlister Ber	tie Louise Speed
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORM (Yes, no or unknown) (It yes, give war ar dates of service) SECURITY NO.	AANT ADDRESS
No 220-44-2042 Mr. 3	John H. McAlister, 3102 Oakford Ave.
18. / S CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	atic coma 2 dans
(This does not mean the mode of dying, e.g., DUE TO	atie coma 2 days the come of live dint 3 years orma of colon about 3 years
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Ti Canala or live din 73 year
ANTECEDENT CAUSES (B)	ace cross of the point of and
DISEASES OR CONDITIONS, if ony, giving	of colon about 3 years
rise to the above couse (A) stating the UNDERLYING CONDITION last.	ome of come
11	•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	JTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or obout 2 home, form, factory, street, office bldg., II etc.)	IC. WHERE DID (If in Boltimate City, give exact location) NJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY Mile At Not While	IF. HOW DID INJURY OCCUR?
	1966 19 to Systembre 1966
22. I certify that (I) (this heaptral) attended the deceased fram that (I) (we) last saw the deceased alive an 9/1 / 6/2 19	and that in (my) (o or) aplaian death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the bo	
23A. SIGNATURE R. Masu M.D. Attending Phys.	Med. Director Phys. D
23C. PHYSICIAN'S NAME (Type)	SS
Louis R. Maser, M.D. M.D.	2724 Smith Ave.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY	24D. LOCATION (City, town, or county) (State)
Buriad 9/15/66 Mount Carmel Cemetery	Mt. Carmel Rd. Herford, Md.
	INERAL DIRECTOR ADDRESS
SEP 14 1966 OF Page 15 E. JONEWAN 18.1	Ernen Zemmen 4611 Park Heights Ave.



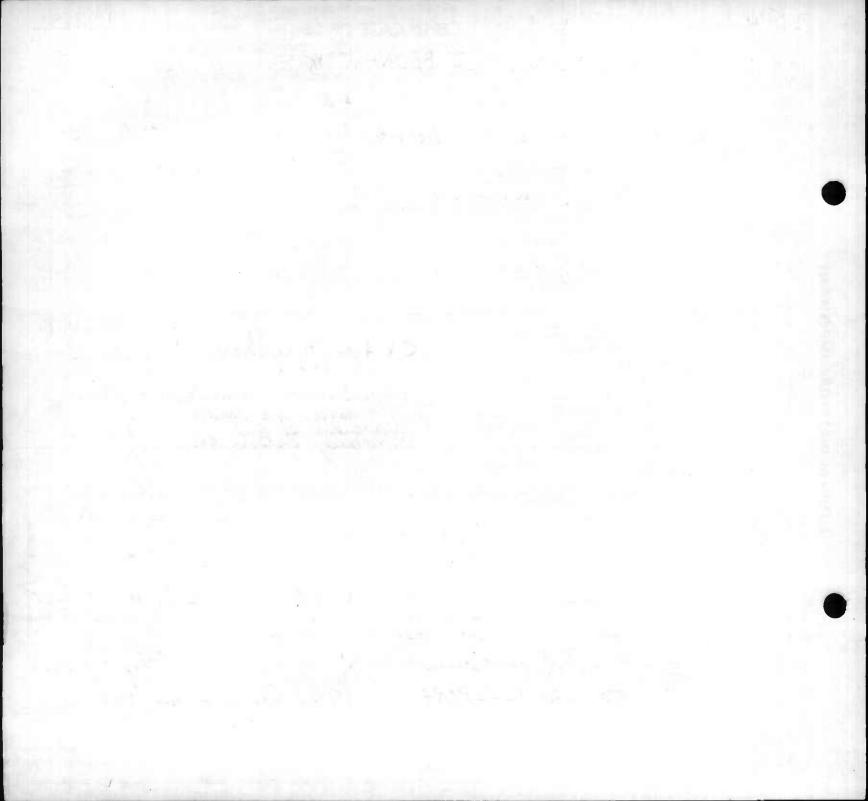
13	115	BALTIMORE CITY HEALTH DEPARTMENT 66 09246 CERTIFICATE OF REATH Resistered No. 66 09246	
5.	D = D 0 =	CERTIFICATE OF DEATH	_
	an eat ase th th	Type or Print) 2. DATE AND HOUR OF DEATH (1) MODE ALLERO (2) DATE AND HOUR OF DEATH (3) DATE AND HOUR OF DEATH (4) DATE AND HOUR OF DEATH (5) DATE AND HOUR OF DEATH (6) DATE AND HOUR OF DEATH (7) DATE AND HOUR OF DEATH (8) DATE AND HOUR OF DEATH (9) DATE AND HOUR OF DEATH (9) DATE AND HOUR OF DEATH (1) DATE AND HOUR OF DEATH (2) DATE AND HOUR OF DEATH (3) DATE AND HOUR OF DEATH (4) DATE AND HOUR OF DEATH (5) DATE AND HOUR OF DEATH (6) DATE AND HOUR OF DEATH (6) DATE AND HOUR OF DEATH (6) DATE AND HOUR OF DEATH (7) DATE AND HOUR OF DEATH (7) DATE AND HOUR OF DEATH (8) DATE AND HOUR OF DATE AND HOUR OF DEATH (8) DATE AND HOUR OF DATE AND HOUR OF DEATH (8) DATE AND HOUR OF DATE AND HOUR OF DEATH (8) DATE AND HOUR OF DA	- 6
	-00-	Type or Print) GILMORE, ALLEN ANDREW 9/16/66 9/18 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived. If institutions residence before admit	PM.
	200	A. STATE B. COUNTY	-
	a hos cause se; (5) andane to de	FULL NAME OF (If not in hospital or institution, give street hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
	ca c	11: M. Calfunde WELLING	12118
	ting d car r att	Wellington (If rurol, give labotion)	_
	ad La	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 2 WIDOWED, DIVORCED (specily) 0 lost birthday) Months; Days Hours; N	4 Hrs.
	contrib termin regul	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
	det det in dece	done Priga most of working life, even if retired) CANNERY Manylound # METE!	A.
	if de (4) Un was the isposit	13. FATHETS NAME	
F	C = = 5	15. Wos Deceased Ever in U. S. Affred Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
IMPORTAN	the c the c kind deat deat nce o	Yes, no or unknown! (If yes, give well or dotes of service) SECURITY NO.	فسما
O.R.	if the interpretation of the interpretation	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEAT	
MP	his of of ounce ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Competture Heart	2
	onon ratt	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
O.R.	iner ractu	injury ar camplication which caused death.)	_
ČĬ	A fr	DISEASES OR CONDITIONS, if any, giving	
DIRECTOR:	ex ex (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last.	ting
	medical burns; hysicia n was	Z OTHER SCHIEGANY CONCURRENTING	
UNERAL	med dy bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Z	- Sist	19A. DATE OF OFERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 40 . AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
5	he cl by (2) B re t phy fore	U 21A. ACCIDENT WAS UNDERTYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect locotion)	
	No No	DEATH (notify medical examiner) etc.)	
	hosp natur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	rov y n xce ind btai	22. I certify that (M (this haspital) attended the deceased from 1/2-1/66 19 to 9/6/66 19	
	app o the	that (I) (we) lost sow the deceased alive on 9/10/66 19 and that in (pr) (our) opinion degth occurred on the	e dote
	0 0 -	and hour and from the couses stated above. (M'(We) (did) (did not) view the body ofter death.	
	must be released accident a hospit r to deat	23A. SIGNATURE M.D. Attending Med. Sloff 23B. DATE SIGNED	2
	acci acci acci or to	23C, PHYSICIAN'S NAME (Type) 23D, Appress	-
	certificate must body was releas vs: (1) An accide D.O.A. at a hos tased prior to de ten approval mu	Godffley Jet M.D. Unon Unout (In)	P.
	ody (1) Sed	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county)	tote)
	This certify the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTER 25C. FUNERAL DIRECTOR ADDRESS	*
	This the I show was dece	SEP 14 1966 Polate E. John Burgee FUNERAL HOME	
		vs 150-REV. 1/1/65	UN



5-11	o -tr	BALTIMORE CIT	TY HEALTH DEPARTMENT
1-fsu	Depos	BIRTH NO. 66 09247 CERTIFICA	ATE OF DEATH Registered No. 66 09247
3	and eath ased the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
1X	- p 0 c .	Type or Print) DULIA P. CUNNINGHA	1M Sep. 9, 1966 4. 20 PM
D.	pit Dof	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (When deceased lived. It institution: residence before admission) A, STATE B. COUNTY
80	hospituse of (5) Dedance	FULL NAME OF (If not in hospital or institution, give street	Md.
ica. -66	a hadau	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (It outside city limits, write RURAL and give township)
00	T T	Web and the Manager of the Name of the 2	D. STREET ADDRESS (If rurol, give location)
2 m	ting d ca d ca prior	Union Memorial Hospital	319 Ho. Af orne Rd.
4	ibut ibut ined ined d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH (2. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	ontri ontri ermi regu sasec is m	Wildows, Strokets (specify)	Hult work 80
9	E 0 # _ 0 E	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0	if deat rect or (4) Unde was in the de spositio	13. FATHERS NAME Jacob	Baltimore American
0	d d	13. FATHERS NAME Jacob	14. MOTHER'S MAIDEN NAME
1 d		Bosch ((Terminy)	? Nettie Krumm
ap AN	ath all	15. Wos Deceased Ever in U. S. Armed Forces? 10 SOCIAL (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
2 C	sist the kin dec dec		Miss Stizabeth Hearn
MPORT	ed da	18. 24 20, / Y-> 904,0 00 3 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
AP	his of of or unc ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D .
13 =	A e c a E	- V 1000	ruguenary logestry.
OR:	er.	heart failure, asthenio, etc. It means the disease, a	
	fra 6	ANTECEDENT CAUSES	severe coronary heart disease
30 0	A A A A A A A A A A A A A A A A A A A	DISEASES OR CONDITIONS, if any, giving	
OPA	(3) E	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	tatus 5 days post fx. of hip, lt.
Sutopa	ical 18; cia as ain	11	- YK Brine.
3 7	Dip r S ≯ E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE J DISEASE OR CONDITION CAUSING IT.	
2	y buy bh		
- Aud NERAL	hie od	19A. Date of operation 19B. Condition for which operation was performed 14.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 5	he c by (2) B re t phy fore	U 21A, ACCIDENT WAS UNDERLYING 1 21B PLACE OF IN LIPY (0.0.	in or obout 11 C. WHERE DID (If in Boltimore City, give exact location)
\$	tal tal her her bef	OR CONTRIBUTING M CAUSE OF home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?
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3	hos atu (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) ON THE CONTROL OF THE CONTROL	nile C
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M	dent deat deat must	23A. SIGNATURE	23 B. DATE SIGNED
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200	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
331	An An prio	DR. J E HSU	UNION MEMORIAL HOSPITAL
eleased by med Husch	A D D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	
0, 2		20 0 11	Dell's and the second
W/	This certhe bod shows: (was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Maryland ADDRESS
1	まれる * A *	SEP 14 1966 Poloch E. tarbert	Burgee Funeral Home, 3631 Falls Road
		VS 150-REV. 1/1/65	HARRI FEBRUARIO



	00010	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00043		
M.E	TH NO. 66 09248		ATE OF DEATH Registered			
(Тур	PLACE OF DEATH IN BALTIMORE MA	a Violet BEDI	VARCZYK SEPT. //	966. 9.55 A.		
,,,,	TACE OF DEATH IN BALLIMORE MA	MEAND	4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	If institution; residence before odmission)		
H	HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If outside city limits, w	ote PIIDA1 and sing town bin		
1	North Charles	General Hospi	tal Baltimore	26-05		
			502 5. Savay			
5. S	FW	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 12-5-02 9. AGE (In years lost birthdoy) 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
ØA.	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
3. 1	FATHERS NAME		14. MOTHER'S MAIDEN NAME			
	JOSEPH BUT	7 K A	ROSE ALBAN	4/11/07		
s. V	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	ces? 16. SOCIAL	17. INFORMANT	ADDRESS		
7	18. 4 2 0 / 1	CAUSE	DF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIR	RECTLY	111 10 10	ONSET AND DEATH		
	LEADING TO DEATH (This does not meen the made of	dying, e.g., DUE TO	. A due 10 Circlinal	one day		
	heart failure, asthenio, etc. It means	the disease,	remorrage.			
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	rise to the abave cause (A) UNDERLYING CONDITION last.	stating the (C)	asculus di jeas	Years		
1	11	Co	ronary arterio sele	20si J		
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
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ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ا د	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY I e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	imore City, give exact location)		
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		Work At Work				
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- 1	that (I) (we) lost saw the decease	//	19 Lo.Loond that in (my) (our)	Upfnian death occurred on the dat		
	and haur and from the causes stat	red above. (1) (We) (did) (did not)	view the bady after death.	land DAY GONE		
	- Hallattak	Holpin M.D. At	tending Med. Stoff	23B. DATE SIGNED		
1	23C. PHYSICIAN'S NAME I Type)	CA DIRA	23D. ADDRESS	D 11 MU.		
14.4	MAINOLLAR	GOLPINA M.D.	1942 Cedar La	ne, Palto 21222		
4 A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE	seth. 240. LOCATION	(City, town, or county) [Stote)		
5A	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAK	25C. FUNERAL DIRECTOR	ADDRESS! Aug		
	SFP 1 4 1966 (R. Cob E. Scaley MA	Watter Caberer Se.	ou Villadelli		
	150-REV. 1/1/65					



FUNERAL DIRECTOR: IMPORTANT

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BALTIMORE CITY HEALTH DEPARTMENT 66 119249 Registered No. BIRTH NO. CERTIFICATE OF DEATH t or contributing cause of death Undetermined cause; (5) Deceased M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO SR. 9/12/66 5:30 Green, John A.

3. PLACE OF DEATH IN BALTIMORE MARYLAND DM. eath. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY ance ANNE ARUNDEL COUNTY (If not in hospital or institution, give street FULL NAME OF ŏ HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 0 21226 ORCHARD BEACH Baltimore
D. STREET ADDRESS prior (If tutol, give location) ST. AGNES HOSPITAL 1016 Belvedere Place disposition is made. regular 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. eceased Manths Days Hours WIDOWED, DIVORCED (specify) lost birthdoy) Male White Married

10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Sent. 28, 1890 74 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? U.S.A. WESTINGHOUSE POULTNEY, VERMONT Ö S D the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 4 3 ANNIE KKKKM JONES IOLAND GREEN eath UO 5. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, na ar unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance MRS. EVA F. GREEN, 1016 BELVEDERE PLACE, 026-10-6219 NO any CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 10 injury or complication which caused death.) frac regul ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the obove cause (A) stating the physician UNDERLYING CONDITION last. before the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 19A. DATE OF OPERATION Bod 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 3 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner) nature; obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not White (except While At (APPROX.) and Work At Wark any 22. I certify that (1) (this hospitol) attended the deceased fram_____19......and that in(my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased alive on..... death) hospital and hour and from the causes stated above. (1) (We) (did not) view the body after death. must accident 23A. SIGNATURE 238, DATE SLENED Med. Stoff M.D Attending 0 Phys. Director _ approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior Mas ā NAME (Type) An O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) he body REMOVAL (Specify) written shows: HAMPDEN CO, SPRINGFIELD, MASS. SPRINGFIELD CEMETERY 9-16-66 BURIAL Was 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229 VS 150-REV. 1/1/65

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HOWARD H. HUBBARD, 4107 WILKENS AVENUE #29

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH or contributing cause of death Such o (4) Undetermined cause; (5) Deceased M.E. CASE NO. D I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased If institution: residence before admission ance B. COUNTY A. STATE Maryland Baltimore FULL NAME OF (If not in hospital or institution, give street 0 HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 Baltimore 28 prior D. STREET ADDRESS (If rurol, give location) SECOURS occurred 2112 Alvin Ave. regular mad WARMED NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. S. SEX If Under 1 Yr. deceased Months Doys Hours lost birthdov 30 IGA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF death disposition WHAT COUNTRY? done during most of working life, even if retired) 2 Baltimore, Md None Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME direct Brosenne assistant eath uo kind; 15, Was Deceosed Ever in U. S. Armed Forces? / (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance Fisher, 2112 Alvin Ave. Balto. ŏ No None any pronounced CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY o embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, the chief medical examiner 10 injury as camplication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving ල lo the above couse (A) sloting the physician remains UNDERLYING CONDITION last. Was burns CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED before by 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where to the hospital °Z MEDICAL DEATH (notify medical examiner etc.) An accident of any nature; þ be obtained (Hour) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and Work At Work men 22. I certify that (I) (this hospital) attended the deceased from death); that (I) (we) last saw the deceased alive an and that in(my) (aur) opinion death accurred an the date hospital and haur and from the causes stated above. (ID(We) (did) (did not) view the body after death. he body was released must 23A. SIGNATURE 238. DATE SIGNED certificate must Stoff Attending Med. 0 Phys. Director approval Phys. 0 23D. ADDRESS 23C. PHYSICIAN'S prior a NAME (Type) shows: (1) 24A. BURIAL CREMATION. 24B. DATE eceased 0.0 REMOVAL (Specify) written Good Shepherd Ellicott City.Md M ds 258. NAME OF REGISTRAN HEALTH DEPT. ADDRESS 25A. DATE REC'D BY 2SC. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md VS 150-REV, 1/1/65

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M.E. CASE NO. 66 0.90E BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH BUCKLEITNER BABY BOY SEPTEMBER 9, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belore admission)
A. STATE
B. COUNTY MARYLAND ANNE ARUNDEL COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION SEVERNA ST. AGNES HOSPITAL prior D. STREET ADDRESS (If rurol, give location) BOX 540-F MANOR ROAD made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2 MALE WHITE 10 9-9-66 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) NEWBORN U.S.A. BALTIMORE, MARYLAND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Janis E. Dodge John Buchleitner 5. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ST. AGNES HOSPITAL RECORDS CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Inmaturity embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) At Work SEPTEMBER 9 66. SEPTEMBER 22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 9 19 66 that (I) (we) lost sow the deceased alive on..... ond that in(my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED trellan; Attending Phys. Med. Director Stoll 9-9-66 approval 23C. PHYSICIAN'S 23D. ADDRESS #29 "C" ARELLANO ST. AGNES HOSPITAL; CATON & WILKENS AVES 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

12 Sept 66 Glen Haven Memorial Park Glen Burnie, Md.
DEPT. 25B. NAME OF REGISTRAL
1966 P. June E. January M. Kirkley Funeral Home. Glen Bu Kirkley Funeral Home, Glen Burnie, Md. VS 150-REV, 1/1/65

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66 09254 BALTIMORE CITY HEALTH DEPARTMENT 66 0.9254 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 9-9-66 8:14 Frank Wimmer PM. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Johns Hopkins Hospital DOA 513 N. Linwood Ave. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED(specify) lost birthdoys Months, Days, Hours, Min. M W Nov.13,1896 married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. Meat Cutter Wetzelberger's 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Alberta Shettle Karl Wimmer 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SO CIAL SECURITY NO. (Yes, no arunknown) (If yes, give war ar dates of service) Mary Barbernitz Wimmer, wife, above 220-03-5001 W.W.1 - Ammy ves INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart (ailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

CERTIFICATION DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimare City, give exact lacation) hame, form, factory, street, office bldg., INJURY OCCUR? 21D TIME 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Day) (Year) OF INJURY (APPROX.) m. WHILE AT NOT WHILE 22. Inspection I certify that I held an Inquiry Autopsy and that an this basis, death in my apinian resulted fram: Natural causes T Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9-10-66 ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY (State) 23D. LOCATION (City, town, or county) REMOVAL (Specify) 9/13/66 Holy Redeemer Cem. Burial

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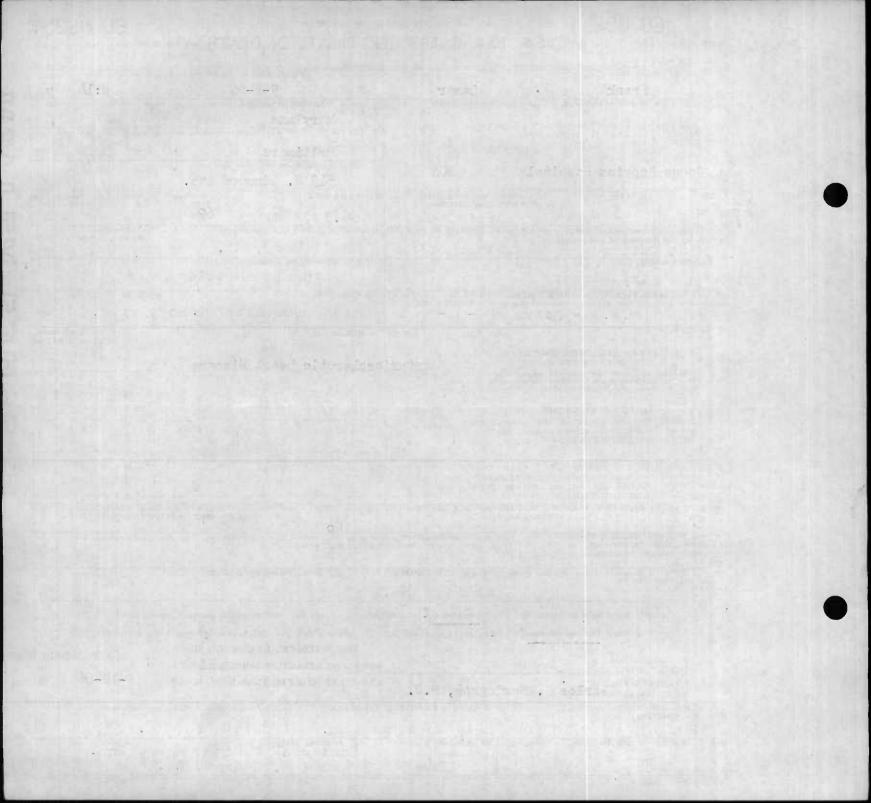
248, NAME OF REGISTRAR

Cem. | Baltimore, Md.

24C. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Home, Inc.

2601 E. Madison St.

24A. DATE REC'D BY HEALTH DEPT.



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	BALTIMORE CITY	HEALTH DEPARTMENT		66 09255					
BIRTH NO. 66 09255	CERTIFICA	TE OF DEATH	Registered No.						
M.E. CASE NO.		A.	ND HOUR OF DEATH	4					
T B: A	J. LAUGHLIN		tember 11,						
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. If	institution: residence before admission)					
FULL NAME OF (If not in hospital		Md. 212		96-44					
HOSPITAL OR oddress or location	or institution, give street n)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
7		Baltimo							
House in the Pine	es (Belair Rd.)	D. STREET ADDRESS	f rural, give location)						
		914 N.	Janney St	• ,					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
male white	married	2/10/1893	73						
IOA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?					
Painter	Md. Drydock	Baltimore,	Md.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
Mation Laugh	lin	Kather	ine Lamar	S					
15. Was Deceased Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT		ADDRESS					
(Yes, no or unknown) (If yes, give wor or dote W.W. 1	220-05-8794A	Tdo Holmhol	ld I sughli	n, wife, above					
	CAUSE O	1	La Laughil	INTERVAL BETWEEN					
18.4 2 0 CONDITION DU		O		ONSET AND DEATH					
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(This does not mean the mode of	dying, e.g., DUE TO	who Myounder	alone .						
heart failure, asthenia, etc. It means injury or complication which coused		- 11	1 -1 -						
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DISEASES OR CONDITIONS, if	DUE TO any, giving								
rise to the above couse (A) UNDERLYING CONDITION last.		·							
		0.1							
OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING Gruen	nie () Unknown	Cause	Jem					
TO THE DEATH BUT NOT RELA	ATED TO THE	Thrombing T. m	Ill Culated	< men					
19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or)		YINDINGS CONSIDERED					
WAS PER	FORMED		IN CERTIFIING CA	AUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, or	n or about 21 C. WHERE DID	(If in Baltima	ore City, give exact location)					
DEATH (notify medical examiner)	etc.)	, and diego, itte day, etc.							
OF INJURY (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?						
OF INJURY (APPROX.)	While At Not While								
22 1 (1) (1) (1) (1)	Work At Work		10//	1.71 11					
22. I certify that (I) (this hospital	171	10066		Septent 1/ 19 66					
that (I) (we) last saw the decease				olnion deoth occurred an the dot					
	ted obove. (I) (We) (did) (did not) v	riew the body ofter death	•						
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff -	23 B. DATE SIGNED					
flows of s		s. Director	Stoff Phy s.	1110/6.6					
NAME (Type) r. Alber	t Bradley	23D. ADDRESS 4900 Belair	Road						
	M.D.								
24A RIIDIAI CREALATION 248 DATE	DAC MAAAC AL CEAACTERY AS CRI	CAA A TORY	LOCATION //	City Assess and assess 1 (Carata)					

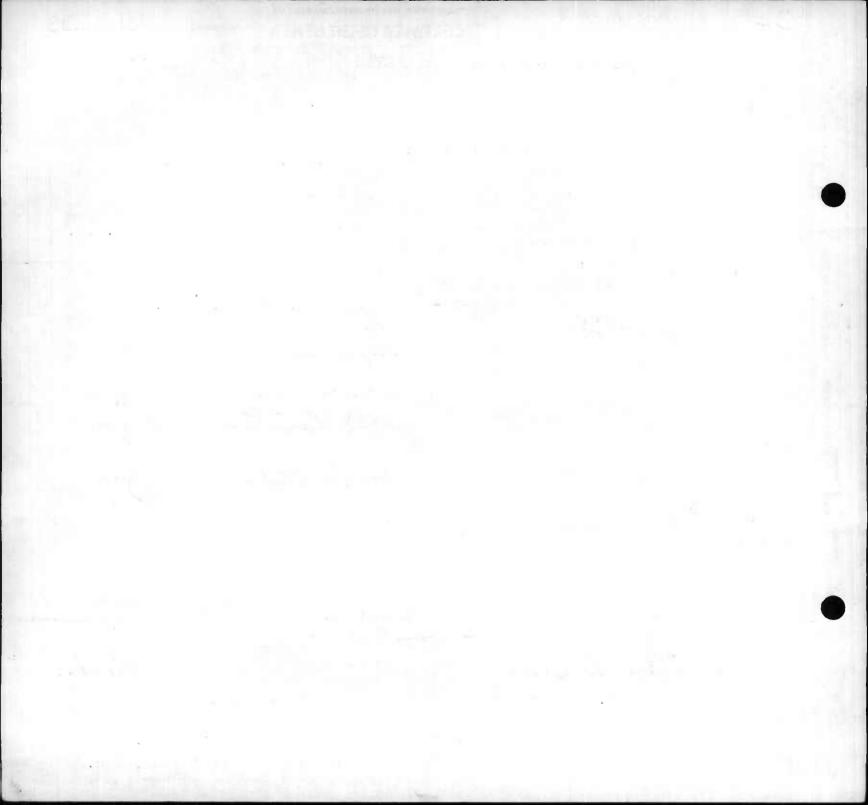
REMOVAL (Specity) Burial 9/15/66 Balto. Baltimore, Nat. Cem. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Schimunek Funeral Ho 3331 Brehms Lane ADDRESS Home, Inc. VS 150-REV. 1/1/65

aux myenis spe 2 242 artist to the Dem Apte 1872 6 " 3/13/66

	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT,	ANT			13	V ,
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the chief me	dical examiner	or his assis	tant if de	ath occurr	ed in a h	lospital	Houn
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	al by a med	ical examiner.	Also, if the	e direct c	r contribu	ting caus	se of de	ath /
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦯	(2) Body bu	rns; (3) A fractui	re of any ki	nd; (4) Ur	determine	d cause; ((5) Deceo	> pasi
was D.O.A. at a hospital (except whe	ere the phy:	sician who pro	nounced de	ath was	in regula	r attendo	ance on	the A
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	physician v	vas in regular	attendance	on the	deceased	prior to	death. S	nch l
written approval must be obtained before the remains are embalmed or final disposition is made.	efore the rer	nains are embal	lmed or find	al disposit	ion is mad	9.0		

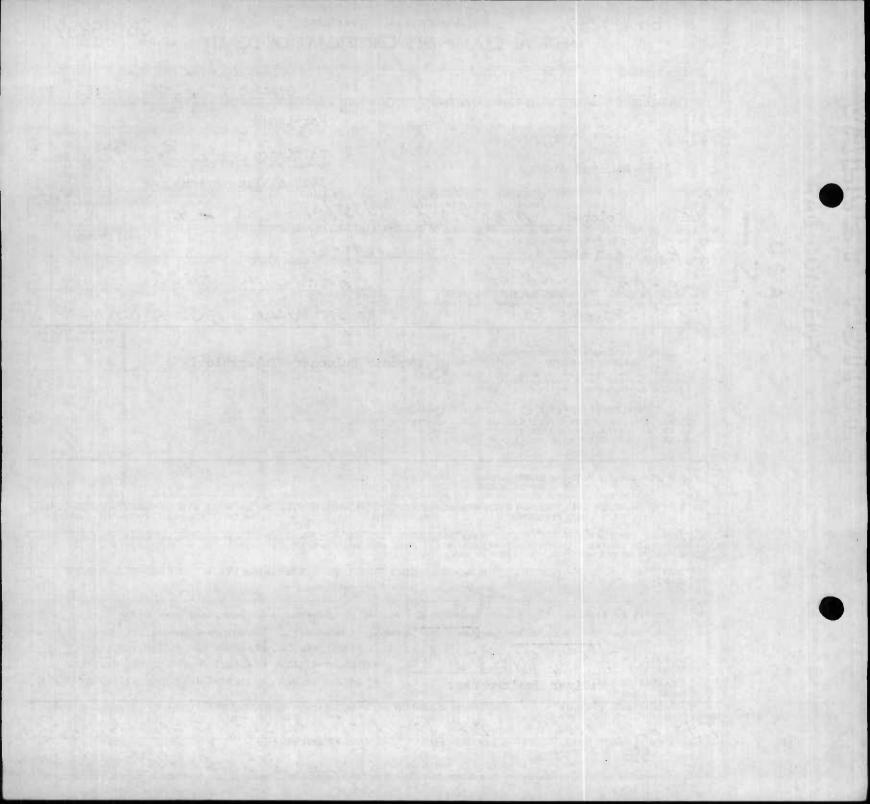
V\$ 150-REV. 1/1/65

	ыктн но. 66 09256		E OF DEATH	Registered Na	66 09256
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ALMIR WALT		2. DATE AN	hour of DEATH	-66 2165 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution) INSTITUTION	on, give street	A USUAL RESIDENCE (Where A STATE B COUNT B COU	TY side city limits, write RI	titutian: residence before admission) URAL and give township)
0	O House in the Pines	(Belair Rd.)	O. STREET ADDRESS (If r	ural, give locotian) ast Avenue	
5	female white	wed, DIVORCED (specily)	6/21/91	ost birthdoy) 75	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
5	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired) Clerk	unknown	Germany	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Spec	George M. Herdan	14	wilhemine	Poduschn	ick
	15. Was Decassed Evor in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor or dotes of service)	se) SECURITY NO.	INFORMANT 1524 Fidelity Gordon S. Duy	y Bldg. vall, atty	ADDRESS
	1B. 2 11X	CAUSE OF		, ,	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH
	LEADING TO DEATH	(A)	plicemin		wich.
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disec		1		
2	injury or complication which caused death.)	7	11		
5	ANTECEDENT CAUSES	(B)	whom when	Gun.	
D	DISEASES OR CONDITIONS, if any, giv		1 1 - 7		
3	rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)	your Contracti		yen.
	ONDEREING CONDITION last.		<u> </u>		V
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	0		
D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	THE M	Migh Stroke	2	Gran.
<u> </u>	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in a hame, form, factory, street, olficetc.)	or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)
	21D. TIME (Manth) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	JRY OCCUR?	
5	22. I certify that (I) (this haspital) attende	ed the deceased from	mar. 1	9 63 10	System 19 66.
D n	that (I) (we) last saw the deceased alive o				ian death accurred an the date
2		V U		,, (40., 60	tan accom accomed an interaction
2	and haur and fram the causes stated abave 23A. SIGNATURE	:. (I) (""") (did) (qid=no t) Vie	w the bady after death.		23B. DATE SIGNED
	Alfut 1 Da all	M.D. Attend		Stolf	9/12/11
3	23C. PHYSICIAN'S		D. ADDRESS	Phys.	1112166
2	NAME (Type) Dr. Albert Br	adley M.D.	4900 Bela	air Road	
n Andread	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CREM	ATORY 24D. LC	CATION (City	y, town, or county) (State)
	REMOVAL (Specify) Burial 9/14/66	Baltimore Ceme		altimore,	
		AE OF REGISTRAR			
		to E. Farkey MA	Schimunek B 3331 B1	Funeral Horehms Lane	me, Inc.

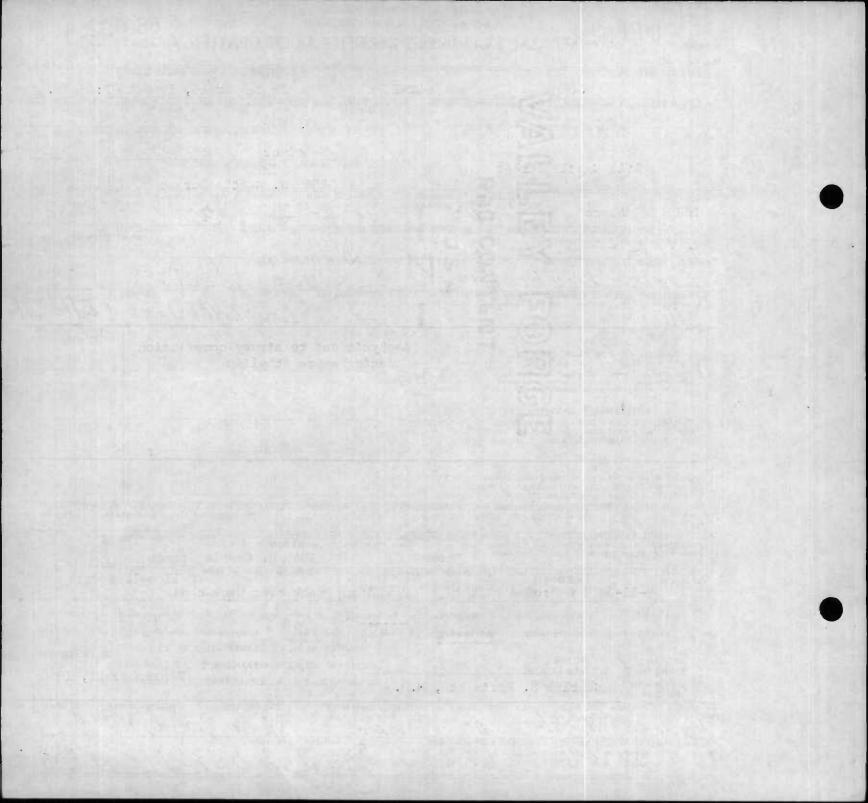


VS 151-REV. 1/1/65

SIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH Registered to	%
M.E. CASE NO.	CEASED		2. DATE AND HOUR PRONOUNCED D	EAD
(Type or Print)		TONEG		
	JOHN L.	JONES WHERE PRONOUNCED DEAD	September 12, 1966 [4. USUAL RESIDENCE (Where deceased lived. If institution	6:15 P.M.
FULL NAME OF HOSPITAL OR		TAL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RUR	
163	30 Ashland Av	enue	Baltimore D. STREET ADDRESS (If rural, give location)	-04
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	1630 Ashland Avenue	Under 1 Yr, If Under 24 Hrs.
Male	Colored	WIDOWED, DIVORCED (specify)	4/5/21 lost birthdoys 4/ Ma	inths Days Hours Min.
	CUPATION (Give kind of wo warking life, even if retired)		RY11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME C	ONES	CARRIE L. ROSS	
	ED EVER IN U.S. ARME		17. INFORMANT AD	DRESS
YES TO GE UNKNOW	n) (If yes, give wor or dol 335478		ROSSIE VONES 1535 E.	MAdisoN S
18.	21.	CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UN DERLYH	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) : ING CONDITION LAST. II ENIFICANT CONDITION:	ANY, GIVING DUE TO STATING THE (C)		
TO THE	DEATH BUT NOT R OR CONDITION CAUSIN	G IT		
19A. DATE O		NDITION FOR WHICH OPERATION REFORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	
UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	, in ar about 21C. WHERE DID (If in Baltimore City, give ex office bldg., INJURY OCCUR?	act location)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Ye	WHILE AT NOT	T WHILE WORK	
22.	rtify that I held on	Inquiry Inspection X A	utopsy and that on this basis, death in my or	olnion
	ited from: Notural c		ide Homlcide Undetermined monner	
ACTUA SIGNA		Sterting CM.	CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMI	(Type)	Breitenecker	ASSOCIATE MEDICAL EXAMINER	9/13/66
23A. BURIAL CR REMOVAL (Speci		23C. NAME OF CEMETERY BALTO 24B. NAME OF REGISTRAR	OF CREMATORY 23D. LOCATION (City, town NATIONAL 5501 Breder [24C. FUNERAL DIRECTOR 2	ADDRESS 4
THE RECT	SEP 1 / 1000	DO E O E O	20/1	2011/2 /2 / 1/1



BIRTH NO.	6 0925MED	ICAL EXA	AMINER'S C	ERTIFICA	TE OF I	DEATH Regist	ered No	19258	3
M.E. CASE NO.									
1. NAME OF DE (Type or Print)	John		BOUKNIC	GHT	Sept	ember 11, 1	966	7:40	A. M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If ins	stitution: resid	lence before	odmi s sio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	C. CITY OR TO	aryland	e corporote limits, wri			
	18 4 9 Castle	Street		D. STREET ADE		give location)	2	0	
5. SEX	6. RACE	7. MARRIED. N	EVER MARRIED	B. DATE OF BIR		astle Stree		1 Yr. If Und	er 24 Hr
Male	Negro		VORCED (specify)	11-2-	- 33	last birthdo		Doys Hours	
	UPATION (Give kind of work working life, even if retired)	Holid	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreig	n country)	12. CITIZE WHA	N OF T COUNTRY?	?
13. FATHER'S NA	15 Bou	KNIgh	1	LUCI	NO A	WERT	5		
	ED EVER IN U.S. ARMED		6. SOCIAL SECURITY NO.	LOUIS	Bou	KNIght 1	ADDRESS 849	Cast	/e :
DISEA	SE OR CONDITION DI LEADING TO DEATH		Asp	e OF DEATH hyxia due uring acu		way compres	sion	INTERVAL B	
(This does heart failure injury or co	not meon the mode of , osthenio, etc. It meons implication which coused	dying, e.g., the discose, deoth.)	DUE TO		_	2.011		9 9 0 9 9 8 mb = 0-bb 0 0 0 0 0 0 0	700000000000000000000000000000000000000
DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST,	NY, GIVING	(B). DUE TO						• • • • • • • • • • • • • • • • • • • •
		No. of the last	(C)						
O TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE							- 5 - 6 5 - 6 5 - 6 6 6 5 5 5 5 5 6 6 6 5 5 5 5
	F OPERATION 198, CON	IDITION FOR WI	HICH OPERATION		Y? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAU			
O UNDERLYING	CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. PL. home, etc.)	ACE OF INJURY (e.g., form, foctory, street, home			(If in Boltimore City, G		Cotion)	S
21D TIME OF INJURY (APPROX.)	(Month) (D8) twee	en	INJURY OCCURRED	WHILE	eck over	Fel:		p with	L
22.	tify that I held an I					is basis, death in		1	
resu	Ited fram: Natural ca	uses Ac	cident X Suicio	de Hamic	ide 🗌 🛮 U	Undetermined mann	ner 🗌		
ACTUA	_	SI	and we	CHIEF A	MEDICAL EX			DATE SI	GNED
SIGNAT EXAMI NAME	NER'S Charles	S. Sprin	ngate, M.D.	ASSOCIATE			ptembe	r 11, 1	1966
23A. BURIAL CRI	MATION, 23B. DATE	166 23C.	name of cemetery	OF CREMATORY	23D. L	a. Cons	ray "	county)	(Stote)
ZAA. DATE REC'E	SEP 14 1966	Reliab	E GOLDENA	24C. FUNE	RAL DIRECTOR	PL.O	1/20	DDRESS	2 he
VS 151-REV. 1/1	/65 1 00	1 1		111	7	- JUSTY Y	100	717 00	



VS 150-REV. 1/1/65

Such

	CC 00050	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
	BIRTH NO. 66 09259	CERTIFICA	TE OF DEATH	Registered Na.	66 09259
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	
	Jennie Washingt 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or location)		Md.	e deceosed lived. If instr	Dution: residence before odmission)
	INSTITUTION		Balto.	side city linfits, write RU	RAL ond give township)
	Provident Hospital		D. STREET ADDRESS (If	on Street	re.
		NEVER MARRIED D, DIVORCED (specify) Jed		9. AGE (In years lost birthdoy) 76 VIS.	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	Arbram Powell		Mary	Conway	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Lilly Steven	son 2537 M	cCulloh Street
	1B.	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	I die He	7 I.O.	8 1
	(This daes not mean the made of dying, e.g.,	DUE TO	gestive He	~ 1 Jackane	- Days
	heori failure, asthenia, etc. Il means the diseose, injury ar complication which coused death.)	()		0/100	
	ANTECEDENT CAUSES	(B) DUE TO	verticulation	f Antsfind	4 weeks
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tast.	(c) Q	les Jeys	hat asky	
	11	Z.c.	la odie.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G Gever	ligo and	erios leros	
	194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A LA TOPSY? (Yes or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. hom etc.	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(A PPROX.) Whi	ile At Not While			
	22. I certify that (I) (this hospital) attended th	he deceased fram	1/5-	960 9-	10- 1966,
	that (1) (we) last sow the deceased alive on	9-9-	19.66 and the	ot in(my) (our) opinio	on deoth accurred an the dote
	and hour ond from the causes stated above. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE David Law Lie	And M.D. Alle	nding Med.	Stoff Phys.	38. DATE SIGNED
	23C. PHYSICIAM'S NAME (Type) B		23D. ADDRESS	D. In	8 01 2
•	24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	town, or county) (Stote)
		butus Memor	ial Park	Arbutus, M	aryland
		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	3 LF 14 1300 (11/1/201/)	E Jake MA	George G. K	elson 1348	N. Calhoun St.

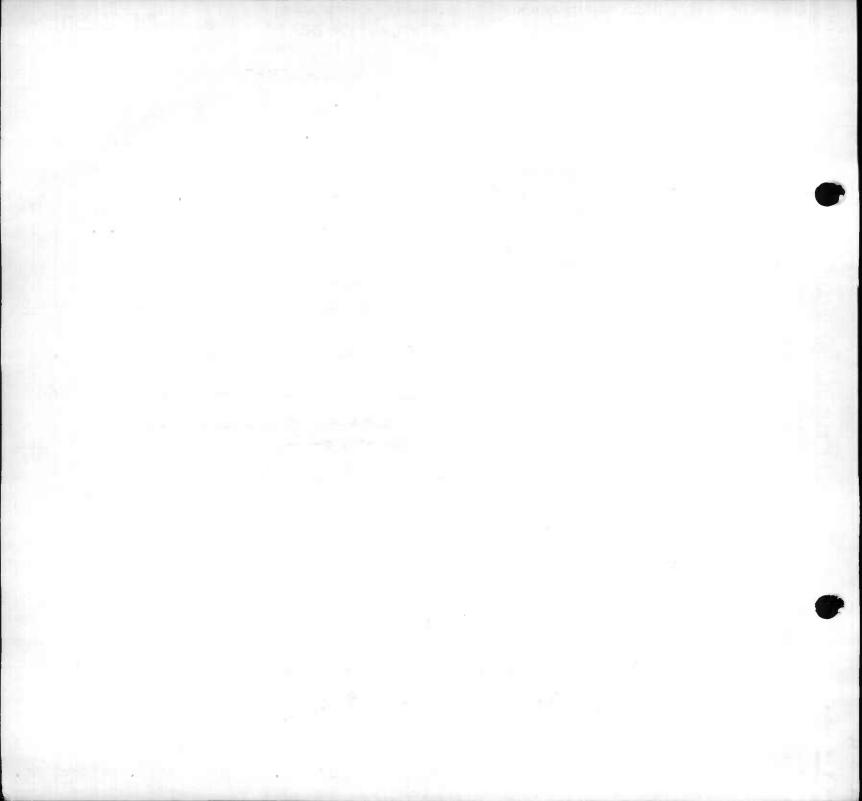
George

G.

Kelson 1348

N.

Calhoun



BALTIMORE CITY HEALTH DEPARTMENT 09260 Registered No. 66 09260 BIRTH NO CERTIFICATE OF DEATH pital and of death Deceased Such M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF (Type or Print) uo death. deceased lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where attendance A. STATE cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) CIT OR TOWN (If outside city limits, write BURAL and give township) INSTITUTION OL contributing D. STREET ADDRESS (4) Undetermined regular Ö MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (LA years If Under 1 deceased mag Months Dovs WIDQWED, DIVORCED (specify) lost bighdoy MAICH 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) 2 13. FATHERS NAME Was the 14. MOTHERS MAIDEN direct death no 0 kind; 15. Was Deceased Ever in U. S. Annod Forces? (Yes, no or unknown) (If yes, give wor or dates of service 6. SOCIAL final SECURITY NO. attendance IMPORT any 70 1B. 10 pronounce DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO embal hearl failure, asthenia, etc. It means the disease, FUNERAL DIRECTOR: regular injury or complication which coused death.) ANTECEDENT CAUSES 0 DUE TO are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) stoling the physician remains UNDERLYING CONDITION lost. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 9 (2) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR? (If in Boltimore City, give exact location) to the hospital å DEATH (notify medical examine) etc.) any nature; Ý ≯ MEDI obtained 21 D. TIME 9 (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While I (APPROX.) AT Work and Work 22. I certify that (1) (this hospital) attended the deceased that (1) (we) lost sow the deceased alive on ond that In(my) (our) opinion death accurred on the date eath) of hospital and haur ond from the couses stoted obove. (1) (We) (did) (did nat) view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Ö Attending Phys. Med. Director Stoff Phys. M.D. 10 pproval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type M.D. O. A. shows: (1) 24A. BURIAL CREMATION, DATE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION eceased the body REMOVAL (Specify) written Ö 25C. FUNERAL DIRECTOR Was NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPA

VS 150-REV. 1/1/65

Yr.

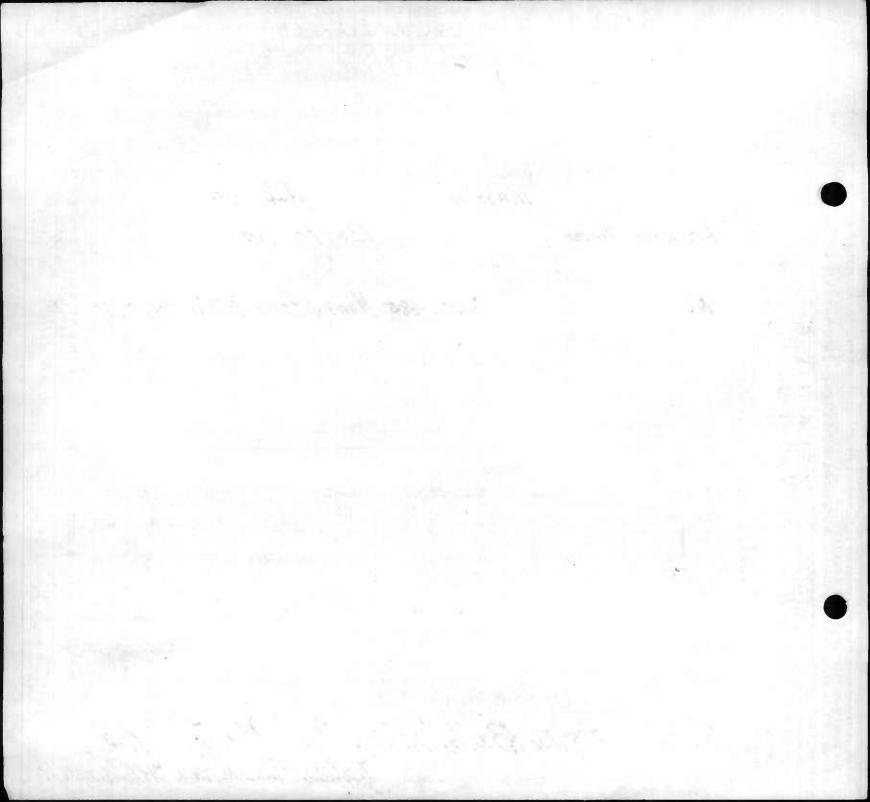
ADDRESS

ONSET AND DEATH

(Stote)

ADDRESS

If Under 24 Hrs.



This certificate must be

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

CC CCCC	LTIMORE CITY HEALTH DEPARTMENT
витн NO. 66 09261 СЕ	ERTIFICATE OF DEATH Registered No. 66 09261
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) BREWER, MRS. N.	6/10 A Sept 13 19/1 1 300 0
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased Aved. Il institution; residence before admission
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	110.
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
414	D. STREET ADDRESS (If rurol, give location)
Buy San Has	× 1
BON DECOURS HOS	bital. 3003 FERNOALE AVE.
6. RACE 7. MARRIED, NEVER WIDOWED, DIVORO	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	OR INDUSTRY 11. BUTHPLACE (State or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
Housewife	West Virginia U.S.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ahraham Douton	Arrie Whitehair.
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCI	AL 17. INFORMANT ADDRESS
(es, no prunknown) (If yes, give wor or dofes of service)	RITY NO.
100 236-10	-2614 NELLIE MINKEWER -3003 TERNOALE HY
18. 420.01	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Il of emprocanne
(This does not mean the mode of dying, e.g.,	DUE TO
heart foilure, osthenio, etc. It means the disease,	Ante reolsolerotie Heart
injury or complication which coused deoth.)	The second of th
ANTECEDENT CAUSES	DUE TO FINAL
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)
11	Jeny america
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OF	
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE O	F INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examiner)	octory, street, office bldg., INJURY OCCUR?
	OCCURRED 215 HOW DID IN HIER OCCURS
OF INJURY	OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX)	At Work
22. I certify that (1) (this haspital) attended the decea	sed from sepodius flv 9 19 06 10 de plember, 1319 a
that (1) (we) last saw the deceased alive on Sch	Leve 66 19 66 and that in (my) (aur) opinion death accurred on the
and haur and from the causes stated abave. (I) (We) (d	4
23A. SIGNATURE	23B. DATE SIGNED
Manuel	M.D. Allending Med. Stoll Phys.
NAME (Type)	23D. ADDRESS
SAHI MARKIT	M M.D.
4A- BURIAL CREMATION, 24B. DATE 24C. NAME of CI	METERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	A A ()
BURIAL 7-16-66 DAUTO	N Cemetery McConte, MARULAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTE	AR 25C. UNERAL DIRECTOR ADDRESS
SEP 14 1966 (12.0 たとく	5. Un All Ellows all Dannast Mas I hant Il

Cemetery McCoole, MARYLA ADDRESS
DOWNAR ELLSWOATH ARMACOST-4600 Liberty Hots DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
SEP 14 1966 Robert & Fallyman VS 150-REV. 1/1/65

e Arms Armany EN DECEMBER HESPIAL DECEMBER IN HIS F le WHENNER STRIPE For Alexanor Dayton

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the nee on the deceased prior to death. Such, a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

RAITIMORE	CITY	HEALTH	DEPARTMEN
DALIMORE	CILI	HEALIH	DEFARIMEN

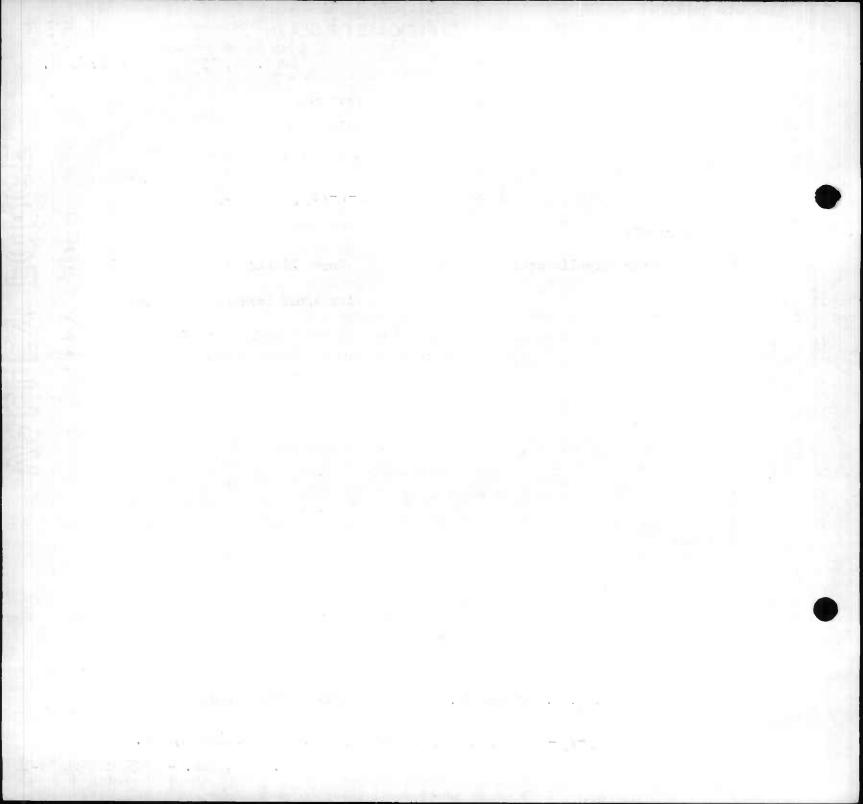
E OF DECEASED Print) E II ZABE' E OF DEATH IN BALTIMORE, MA NAME OF (If not in hospitol oddress or location oddress or location)		RAS		ND HOUR OF DEATH	1
NAME OF (If not in hospital	RYLAND			14, 1966	1:00 A.
TUTION	or institution, {	give street	Maryland C. City Or TOWN (If ou	1TY	nstitution: residence before admission
5009 Catalph	na Road		Baltimore D. STREET ADDRESS (IF 5009 Catalph	rurol, give location) a Road	1
6.RACE	WIDOWED	, DIVORCED (specify)	6-1-1879	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
JAL OCCUPATION (Give kind of working most of working life, even if retired) USEWITE	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore Li thuania	ign country)	12. CHIZEN OF WHAT COUNTRY?
HER'S NAME	l		14. MOTHER'S MAIDEN NA	ME	
Peter Grebliau	ckas		Rose Zilan	skas	
or unknown) (11 yes, give wor or dole	ces? es of servicet	1 6. SOCIAL SECURITY NO.	17. INFORMANT Miss Agnes Pa	zeras 500	9 Catalpha Road
is does not mean the made of out failure, asthenia, etc. Il means out ar camplication which caused ANTECEDENT CAUSES SEASES OR CONDITIONS, if to the above cause (A)	the disease, death.) any, giving	(8) DUE TO		had by have not a second	jas
HER SIGNIFICANT CONDITIONS CONTROL OF THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING TO THE OF OPERATION 198. CONTROL OF THE OPERATION 198. CONTROL OPERATION 198.	ATED TO TH IT. IDITION FOR V			O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	hom	e, lorm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(11 in Boltimo	re City, give exact locotion)
NAME (Month) (Doy) (Year) INJURY PROX.)	Wh	ile At Not While		JURY OCCUR?	
SIGNATURE LOSA PHYSICIAN'S NAME (Type)	ung	M.D. Atte	Med. Director 23D. ADDRESS	Stoff Phys.	238, DATE SIGNED G/14/66 timore
	Deceased Ever in U. S. Armed For prunknown) (III yes, give wor or dote to the state of the state	Deceased Ever in U. S. Armed Forces? Deceased Ever in U. S. Armed Forces? DISEASE OR CONDITION DIRECTLY LEADING TO DEATH is does not mean the made of dying, e.g., art failure, asthenia, etc. II means the disease, ary ar camplication which caused death.) ANTECEDENT CAUSES EASES OR CONDITIONS, if any, giving to the abave cause (A) staling the DERLYING CONDITION last. II HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED ANTECEDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicol exominer) THE MADE (Month) (Doy) (Year) (Hour) 21E. Whith the couses stated abave. (I hour and fram the causes at a hour and fram the causes at a hour and fram the causes at a hour and fram the cause at a hour and fram the cause at a hour and force at a hour and force at a hour and force at a hour	WIDOWED, DIVORCED (specify) WIGOWED JAL OCCUPATION (Give kind of work ing most of working life, even if retired) DISEWITE HERS NAME Peter Grebliauckas Deceased Ever in U. S. Armed Forces? DISEASE OR CONDITION DIRECTLY LEADING TO DEATH is does not mean the made of dying, e.g., and failure, asthenia, etc. Il means the disease, and a the abave cause (A) staling the DERLYING CONDITIONS, if any, giving to the abave cause (A) staling the DERLYING CONDITION CONTRIBUTIONS HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT. LACCIDENT WAS UNDERLYING TO AUS OPERATION WAS PERFORMED LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED While At Month) (Doy) (Year) (Hour) LACCIDENT WAS UNDERLYING OCCUPATED WHILE AT MORE AT MONTH (NETTED TO THE MONTH (NETTED TO THE MONTH (NETTED TO	Widowed JAL OCCUPATION (Give kind of work) JAL OCCUPATION (Give	WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WIDOWED JAL OCCUPATION (Give kind of work 108, KIND OF 8USINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) In thuania Lithuania Lithuani

125B. NAME OF REGISTRAR
RPS & Solventia DEPT. 25A. DATE REC'D BY HEALTH 4

emetery Baltimore, ma.

25C. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. - 5305 Harford Rd-14

VS 150-REV. 1/1/65



	é			BALTIMORE	CITY H	EALTH DEPARTMENT			
	H NO.	66 09263		CERTIFI	CAT	TE OF DEATH Registered No. 66 0926			
1, N	AME OF DECEA	ELI ZAB	ETH OB	ERENDER			. 12, 1966	7:15	
3.	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND			L USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If	institution: residence before	
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location		give street		Maryland	outside city limits, write	RURAL ond give township	
7		5418 R	emmell .	Avenue		Baltimore D. STREET ADDRESS	If rurol, give location)		
				9			ll Avenue		
5. S	emale 6.	caucasian		, NEVER MARRIED D, DIVORCED (specif DOWED	fuel (see	Feb. 6, 1876	9. AGE (In years lost birthday)	If Under 1 Yr. If Ur Months Doys Hours	
		ATION (Give kind of working life, even if retired)	k 10B. KIND O	F BUSINESS OR IND	USTRY 11	. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY	
	Housewi					Maryland		USA	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N			
		Henry Scha	roun			Catherine K	ramer		
15. (Ye:	Was Deceased Ev	er in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO	17	· INFORMANT		ADDRESS	
	No			218-09-574	16	Miss Lulu R	. Oberender	- Same	
	18. 33/	X		CAU	SE OF	DEATH		INTERVAL BE	
		OR CONDITION DE			1	. 0. 1/ 0.	Maril &	1 11.	
		ADING TO DEATH meon the made of		(A)	O D	rello ascula	NAOCIALLO		
	hearl failure, os	thenio, elc. Il meon catian which couse	the disease			rebro Vascula Au to Gen Siturio	incesia	2011	
		TECEDENT CAUSE		(B)		Aurer	accon an	0-	
		CONDITIONS, if		(B) DUE TO	0				
	rise to the	above couse (A)							
	UNDERLTING	CONDITION last,				,			
CERTIFICATION	TO THE DEA	ANT CONDITIONS THE BUT NOT REL	ATED TO TH	G PASI	ille	e Avelic Auc	urysm (abdom	ind lyes	
FIC.	19A. DATE OF O		NDITION FOR	WHICH OPERATION		20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED	
CAL	0								
CALC	OR CONTRIBUTED DEATH (notify ma	WAS UNDERLYING NG CAUSE OF edicol exominer)	211 hor etc	ne, form, factory, str	te.g., in o eet, offic	e bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locotia	
E0	21 D. TIME (A	Nonth) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRE	D	21 F. HOW DID II	NJURY OCCUR?		
Σ	(APPROX)		W		t While				
	22. I certify the	at (I) (th is howpit a	il) ottended t	he deceased from		Lune	1965 10	Sept	
		st saw the deceas		0	pt	19 6 G and		inian death occurred	
					nat) vie	w the bady ofter deoth			
	23A. SIGNATURE	1/1)					23B. DATE SIGNED	
	The	neas V	Frenu	an M.D.	Attend Phys.	Med. Director	Stoff Phys.	13 Supol	
	23C. PHYSICIAN'S	5			230	O. ADDRESS			
	TAME CIPPE	Dr. Thoma	s J. Bre	ennan	M.D.	5217 Harfor	d Road, Balt	imore 14, Md.	
244	BURIAL CREMA	TION, 24B. DATE	24C. N	AME of CEMETERY	ar CREM	ATORY 24D.	LOCATION (C	City, town, or county)	
	burial Spe	9/16/6	66 Pa	arkwood Cer	meter	v	Baltimore Co.	. Marvland	
25 A	. DATE REC'D BY			OF REGISTRAR		25C. FUNERAL DIRECT	OR	ADDRESS	
	SEF	1 4 1966	P.O. F	E Jankey M.	B	Leonard J. 1	Ruck, Inc5	305 Harford R	

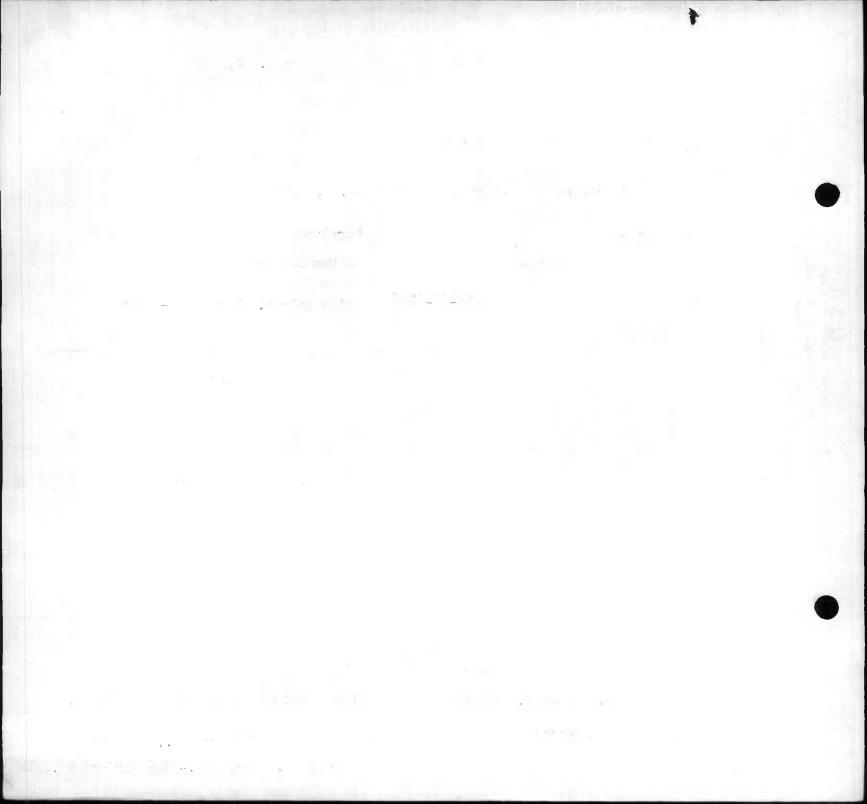
1966 nian death occurred on the date 23B, DATE SIGNED more 14, Md. y, town, or county) (Stote) Baltimore Co., Maryland

25C. FUNERAL DIRECTOR
Leonard J. Ruck, Inc.-5305 Harford Rd., 14 burial Parkwood Cemetery 9/16/66 VS 150-REV. 1/1/65

INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs. Hours Min.

Hours



B-120 BIRTH NO.
M.E. CASE

0	00000	
0	09264	BALTIMORE CITY HEALTH DEPARTMEN
	-	

BIR	тн но.	MEI	DICAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	red No.	6 0926	1
-	E. CASE NO.							11/2-		
(Ťy	NAME OF DECE pe or Print)	ANNA		BAVIS			ptember 12,		4:38 F	
3.	PLACE IN BALTIA	MORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESID		deceased lived. If inst		idence before odm	ission
HC	LL NAME OF	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITU	THON, GIVE STREET	Mar	yland	de corporate limits, write			
IN:	NOITUTIT				Bal	timore		10	01	
3	John	s Hopkins 1	Hospital		D. STREET ADD		-			
5. :		. RACE		NEVER MARRIED	B. DATE OF BIRT	4 Wilco	9. AGE (In years	116 11-4-	er 1 Yr. If Under 2	14 . U
	Female	White		OIVORCED (specify)	March 29		lost birthdoy) 54	Months	Doys Hours	Min.
104	USUAL OCCUP		ork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	U S	AT COUNTRY?	
	OUSEWISE FATHER'S NAME				Maryland		IE.	0 3	O A	
					Margare					
15.	WAS DECEASED	R. Brooks		16. SO CIAL SECURITY NO.	17. INFORMANT	L A GII	Scarro	ADDRES	S	
Te		If yes, give wor or do	oles of service)		Jamas	I Rowin	1213 Wilco	- St		
	No 1B,	3.1		212-34-1206 CAUSE	OF DEATH	DAATS	121) "110	JA DU.	INTERVAL BETY	
	DISEASE	OR CONDITION	DIRECTLY						ONSET AND D	EATH
		LEADING TO DEA	ГН		iosclerot	ic Caro	diovascular			
	heort foilure,	t meon the mode osthenio, etc. It meo dication which cause	ns the discose,	D₩E-TO-	Disease					
									90000	
	DISEASES O	ITECENDENT CAU R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST	ANY, GIVING	(B). DUE TO		•••••••••		•••••••		
Z				(C)				••••••••		
ERTIFICATION	TO THE D	II FICANT CONDITION EATH BUT NOT I CONDITION CAUSIN	RELATED TO TH							
CERTI		OPERATION 198. CO		WHICH OPERATION		? (Yes or No)	208, IF YES, WERE FI			10000000
EDICAL	21A. EXTERNAL UNDERLYING OF UTING OF CAUSE	OR CONTRIB-	21 B. (home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c			(If in Boltimore City, gi	ve exoct l	ocotion)	
ME	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	FT - A TOTAL TO A TO	IE. INJURY OCCURRED	21 F. HO	THI DIG WC	URY OCCUR?			
	22.		m. V	ORK NOT	ORK .					
	1 certi	fy that I held on					is basis, deoth In r		n	
	resulte	ed from: Notorol	ouses X A	ccident Suicid	e Homici	de 🗌	Undetermined mann	er 🗌		
	ACTUAL	ICA	to to	5.0	CHIEF M		XAMINER X		DATE SIGN	ED
	SIGNATU	R'S	101-00	7	ASSOCIATE M		and the same of th		9/13/6	6
23/	NAME (T		lger Brei	tenecker	CREMATORY	23D. I	OCATION (City,	, town, or	county) (Sto	ote)
	MOVAL (Specify)									
24/	Burial	Y HEALTH BEPT,	66 248, NAME	Glen Haven OF REGISTRAR	24C. FUNER	AL DIRECTOR	altimore	Maryl	and ADDRESS	
	S			- E. Farkenna						
Ve	161 BEV 1/1/4		- Instance		Leonar	d J Ruc	ok Inc 5305	nari	ord Rd	
VS	151-REV. 1/1/6:				0 500	100				

Marrol: 29,1912 . degen & Dayte till Wilson St. backers amount for the second

BIRTH NO		MEDICAL EX	KAMINER'S CE	ERTIFICATE C	OF DEATH Regi	stered No.	
M.E. CAS	OF DECEASED			12 DA	TE AND HOUR PRONOU	NCED DEAD	
(Type or P	rint)		TID ADED -				2/ 12
3. PLACE	ELMER IN BALTIMORE, MARY	LAND, WHERE PRONO	SHRADER Sr		eptember 12, Where deceosed lived. If i		
FULL NA! HOSPITAL INSTITUTIO	OR ADDRESS	N HOSPITAL OR INSTITU OR LOCATION		Marylan c. CITY OR TOWN (IF Baltimo	outside corporate limits, v	write RURAL and give to	wnship)
20				4522 We	eitzel Avenue		
5. SEX	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In yeo lost birthdoy)	Months Doys H	Jnder 24 H
	L OCCUPATION (Give	kind of work 108. KIND O	Ed	Dec. 11 1910	r foreign country)	12. CITIZEN OF	
Fir	most of working life, even		ore City	Maryland		U.S.A.	RY?
13. FATHE							
	mer R Shrade		16. SO CIAL	Sarah A Bak	er	ADDRESS	
(Yes, no or	unknown) (If yes, give v	wor or dotes of service)	SECURITY NO.	IV. IIII OKNIANI		V D D KE 22	
No.			212-09-3558	Mrs Josephi	ne C Shrader	4522 Weitzel	Ave
TIFICATION NO NO NO NO NO NO NO NO NO NO NO NO N	ANTECENDEN ANTECENDEN ELASES OR CONDITIC TO THE ABOVE CAL DERLYING CONDITIC HER SIGNIFICANT CON THE DEATH BUT ELASE OR CONDITION	mode of dying e.g., It means the disease, the coused death.) IT CAUSES ONS, IF ANY, GIVING USE (A) STATING THE ON LAST. NOT RELATED TO TO CAUSING IT.	(B) DUE TO (C)		ardiovascular Disease		
19A. C	ATE OF OPERATION	19B, CONDITION FOR		Yes	3	AUSES OF DEATH?	
UNDE	RLYING OR CONTRIB-	- Inome	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE ffice bldg., INJURY OCCI	DID (If in Boltimore City, JR?	, give exoct locotion)	
OF IN.	JURY	,	WHILE AT NOT WAT WE	WHILE	NJURY OCCUR?		
22.	I certify that I he	ld an Inquiry 🗌	Inspection Aut	opsy X and that	an this basis, death I	n my apinlon	
	resulted from: No	atural causes X	AccidentSulcide	Hamleide	Undetermined ma	nner	
	CTUAL IGNATURE	But	M.D.	CHIEF MEDICA	L EXAMINER		SIGNED
E	XAMINER'S	diger Breiter	1.009	ASSOCIATE MEDICA		9/13	3/66
	AL CREMATION, 238		C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (C	City, town, or county)	(Stote)
Bur	ial 9	7/16/66	Baltimore	1040	Baltimore M	laryland	
Z4A. DATI	SEP 1	1965 P. C.	of REGISTRAN		Ruck Inc 530	ADDRESS	
				W		/	

The 11, 1967 Parents Land The Company of the Comp relati a derail 212-09-3558 New Momentues C Shouter 4722 teatral Live Serial Control and the series bunDiral prontifation LR less well born on your ty bushed the

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased and D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	obtained hefore the remains are embalmed or final disposition is made
RTANT	ssistant if death c	kind; (4) Undeter	nce on the deced
CTOR: IMPO	caminer or his as	A fracture of any	regular attenda
FUNERAL DIRECTOR: IMPORTANT	he chief medical exel by a medical exe	(2) Body burns; (3)	physician was in
•	t be approved by the sed to the hospital	ent of any nature; (eath); and (6) No
	This certificate mus	shows: (1) An accide	deceased prior to death); and (6) No physician was in regular attendance on the deceased provides a priority of the charge the remains are embalmed or find disposition is made

	RE CITY HEALTH DEPARTMENT FIG. A T. OF DE A T.L. Registered No. 66 09266
MRTH NO. 66 09266 CERTIF	FICATE OF DEATH Registered No. 00 03266
NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) ELizabeth Ruberry	9-13-66 2
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	
27	D. STREET ADDRESS (If rurol, give locotion)
Maran Hasa Tal	
Mercy HOSPITAL SEX 6. RACE 17. MARRIED, NEVER MARRIED	D B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24
WIDOWED, DIVORCED (spec	cify) last birthday Months Days Hours Mi
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
one during most of working lite, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE -	BALTIMORE MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME
Michael STEAN	Elizabeth Salarit
MI Chall STERN. 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) [Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ELIZABETH SCHMIDT 17. INFORMANT ADDRESS
	3.
NO - NOHE	BERT RUBERRY 3202 WOODRING AI
18. 4/6 X I	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DONE DEDAL CON DAT
(This does not meon the mode of dying, e.g., DUE	ACUTE RENAL FAILURE 3 DAYS
heart foilure, osthenio, etc. It means the disease,	
injury or complication which coused death.)	CONTESTIVE HEART FAILURE 6 MONS
ANTECEDENT CAUSES (B) DUE	TO
DISEASES OR CONDITIONS, if ony, giving	RHEUMATIC HEART DISEASE 354RJ
rise to the obove couse (A) stoting the (C)	KIRCOM 11 1 1 2 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 2 2 2 2 1 2
11	O
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS TENIORIVED	NO IN CERTIFIEND CAUSES OF DEATH!
OR CONTRIBUTING CAUSE OF	RY (e.g., in or obout 21 C. WHERE DID (tf in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	RED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At No	Not While
Work L A	at Work
22. I certify that (1) (this hospital) attended the deceased from	m 9/9/66 19 10 9/13 19 66
that (I) (we) lost sow the deceosed olive on	ond that in (my) (our) opinion death occurred on the
and hour and from the couses stated above. (1) (We) (did) (did	f not) view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
THE OUT MID MILE	D. Attending Med. Stoff Phys. Phys. Director Phys.
23C.PHYSICIAN'S	23D. ADDRESS
NAME (Type)	M.D. MERCY HOSPITAL BALT
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (Sud
BURIAL 9/16/66 BALTIMARE	NATIONAL CEM FREDERICK RD M
SA. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 1 4 1966 A D. R. E. Jalley	UMA DIPPEL BROS INC 1800 FLOMBARD
S 150-REV. 1/1/65	

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da 1900 co

- BEINGROOM

NAMES AND PROPERTY PARTY WASHINGTON

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

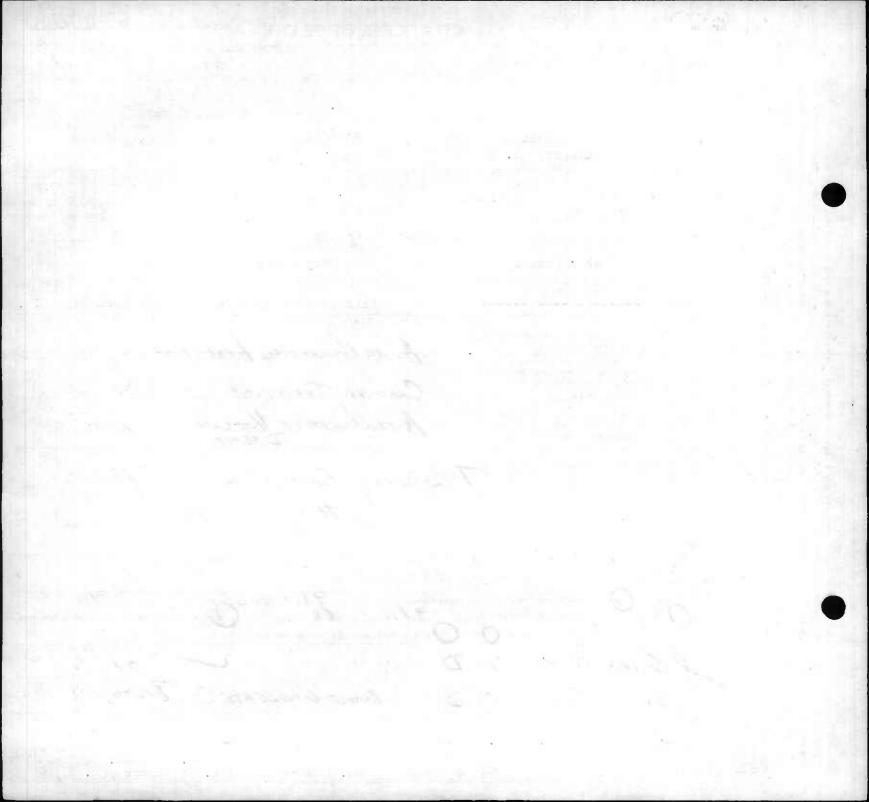
00.00		CITY HEALTH DEPARTMENT	00 00000
MRTH NO. 66 092 M.E. CASE NO.	267 CERTIFIC	CATE OF DEATH Registered No.	66 09267
Type or Print)	HOWARD BACH	MANN SR 9-12-66	5-00 p
PLACE OF DEATH IN BALTIMORE, TOTAL THE PROPERTY OF THE PROPERT	AMENDED proof or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institute. A. STATE B. COUNTY OF PRISON (If outside city limits, write RVR)	
37 MERCY		D. STREET ADDRESS (If rurol, give location) 3612 WANTE AV	744
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years 1)	Under 1 Yr. If Under 24 H lonths Doys Hours Min.
done during most of working life, even if refined to the second of the s			2. CITIZEN OF WHAT COUNTRY?
ALBERT J. B		14. MOTHER'S MAIDEN NAME FRANCES WOLFE	
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or	d Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT SETHEL MIBACHMANN 36 E OF DEATH	ADDRESS
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY (A) R	eptured abdominal anewysm	ONSET AND DEATH
(This does not meen the mode heart failure, asthenia, etc. It me injury or complication which cou ANTECEDENT CAU	eons the disease, used death.)	ZCUD	Yrs
DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION lost	if ony, giving (A) stoting the (C)		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE		
	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	NG 21B PLACE OF INJURY (e. home, form, foctory, stree etc.)	.g., in or obout 21 C. WHERE DID (If in Boltimore Cit, office bldg., INJURY OCCUR?	ty, give exact location)
210. TIME (Month) (Doy) (Y OF INJURY (APPROX.)		21 F. HOW DID INJURY OCCUR?	
that (I) (we) lost sow the dece	The state of the s	9112 19 66 to 1966 ond that in (my) (out) opinion	n death occurred on the d
ond hour ond from the couses 23A. SIGNATURE	stoted obove. (1) (W) (did no M.O.)		R DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS A.D. MERCY HOSPITAL	
BURIAL CREMATION, 24B. DATI	E 24C, NAME OF CEMETERY OF		BALTO, MD ADDRESS
SEP 14 19	66 P. P. S. E. Falley	DIPPEL BROS INC 7110 E	

FUNERAL DIRECTOR: IMPORTANT

Such shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death prior to death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000
M.E. CASE NO.	66 0926	CERTIFICA	ATE OF DEATH	Registered No.	66 09268
I, NAME OF DEC	CEASED		2. DATE A	ND HOUR OF DEATH	1 645
(Type or Print)	15 J. GA	CEENE		9/11/	16 H A M
	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital address ar location	or institution, give street	C. CITY OR TOWN (IF a	utside city limits, write	RURAL and give township)
2 7	Mercy Hos	_	Baltimore D. STREET ADDRESS	f rurol, give location)	
51	Baltimore	, Md.	4205 Main Av		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
Male	Cau	Widowed	7/13/79	87	
	warking life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
Sea Cap		Retired	Canada	A A A P	USA
3. PAINERS NA	Joseph Gr	eene	Mary Grac		
15. Was Deceased	d Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	- 100	ADDRESS
No			McLaughlin & S	ons Funeral	Home Brooklyn, N.Y.
(This does heart failure, injury ar car	SE OR CONDITION DIR LEADING TO DEATH nat mean line made af asthenia, etc. If means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.	dying, e.g., Ihe disease, death.) (B) Control Out To	DF DEATH ITE MYOCARDIAL CONARY THROMES ENSCLOSED TO B		interval between onset and death 24 has
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	By EMPHYS	EMA	YEARS
19A. DATE OF	F OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of N	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(It in Baltiman	re City, give exact location)
21 D. TIME OF INJURY (APPROX)	(Manth) (Doy) (Year)	(Haur) 21E INJURY OCCURRED While At		JURY OCCUR?	
22. I certify	that (1) (this hospital) ottended the deceosed from	9/10	19 6 6-10	9/11/19 66,
1 1 1 1 1 1		d olive on 9/11	19 6 6 and 1	hot in (my) (our) ap	inion death occurred an the date
and hour an	d from the causes stat	ed obave.((1) (We) (dld) (did not)			
23A. SIGNATU					23B. DATE SIGNED
8.6	ruce Herb	er, M.D. M.D. Att	tending Med.	Staff Phys.	9/11/66
23C. PHYSICIA NAME (1	ANS Typel RUCE GERG	BER, M.D. M.D.	23D. ADDRESS 804.5 Wood	GATE Gr.,	BALTO, MD. 21207
24A. BURIAL CRE	MATION, 248 DATE	24C. NAME of CEMETERY or CE	REMATORY 24D.	LOCATION (C	ity, tawn, or county) (State)
Buri		6 St. Johns		Queens,	New York
DEA DATE BECCO	DV HEALTH DEAT	DED MANAE OF BECISTOAR	DEC ELIMIPO AL CUSTOS		4.00.0000

Ook Brooks Inc. Baltimore, Md. 21202 R. Co. S. E. Fallen 14 SEP VS 150-REV. 1/1/65 1966 Wm.



47	31
of death Deceased	ce on the
red in a hos uting cause ed cause; (5)	r attendan prior to de le.
death occur t or contrib Undetermina	as in regulc e deceased sition is ma
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
miner or his niner. Also, fracture of a	o pronounc gular atten embalmed
medical exanedical exanedical exan	hysician wh In was in re remains are
by the chief oital by a m	where the p No physicia I before the
approved by to the hosp	al (except vity); and (6)
cate must be vas released An accident	at a hospit prior to deat proval must
This certifithe body w	was D.O.A deceased p

	1.11 1.176	1220	BALTIMORE CIT	Y HEALTH DEPARTMEN		66 114 154
RTH NO.	66 092	69	CERTIFICA	TE OF DEAT	Registered Na.	66 09269
LE CASE NO.	ASED				AND HOUR OF CEATH	
ype or Print)	JOHN P. DEL G	THIDTOR			tember 13, 190	
	TH IN BALTIMORE, MA			4. USUAL RESIDENCE	Where deceased lived. If i	institution: residence before admissi
				A. STATE B. C	OUNTY	
FULL NAME OF	F (If not in hospital oddress or location		ive street	Maryland -		
NOITUTITZMI	oddiess of focollor	117		C. CITY OR TOWN	If outside city limits, write	RURAL and give township)
5115 Ba	ltimore Na t io	onal Pik	e	Baltimore C		Y STORY
(1)					ore National	Pile
		In		1		
SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. OATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
Male	White	Marri		Nov. 23, 188		
	JPATION (Give kind of work vorking life, even if retired)	108, KINO OF	BUSINESS OR INOUSTRY	1 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
(Retired				Italy		U.S.A.
FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
Cannand	Del Giudice			Unknowr		
	Del Gludice		1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote		SECURITY NO.		1329 Brook R	load
NO			219-05-5611	Del Langdon	Baltimore 28	, Maryland
18. 42	0.11		CAUSE	OF DEATH	M	INTERVAL BETWEEN
	E OR CONDITION DIE	RECTLY	0.1	T. (1 /90 P.	ONSET AND DEATH
	LEADING TO DEATH		(A)	ull mond	2 Com Hor	2 /2 Ms.
	ol mean the made of asthenia, etc. Il means		OUE TO		7	
neun lunure,					•	
injury at cam	plication which caused				•	
		death.)	(B)			
A	plicalian which caused ANTECEDENT CAUSES	death.)	(B)			
DISEASES O	plicalian which caused	any, giving	(B) OUE TO			
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DISEASES O	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the	(C)			
DISEASES O	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the	(C)	Tro J En	n Mysewa	
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DISEASES OF TISE TO THE SIGNING TO THE DID DISEASE OR CONTRIBUTION OF CONTRIBUTION (APPROX.) 21.A. ACCIDENT OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A SIGNATU 23C: PHYSICIA NAME (T)	Plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 198. CON WAS PERIOR (Month) (Doy) (Year) That (I) (this hospital last saw the decease from the couses starting of the couse of the cous	any, giving stating the CONTRIBUTING ATEO TO THIT. ATEO TO THE LIT. (Hour) 21E. Whit Word alive an	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, or hot Which At Work At Work At Work (e.g., or hot Which At Work (e.g., or h	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Did office bldg., INJURY OCCU 21F. HOW DID on on other decisions of the body after decisions of the body after decisions.)	INJURY OCCUR? IN Soff Phys. CNASON AC	Inlon death accurred an the company of the company
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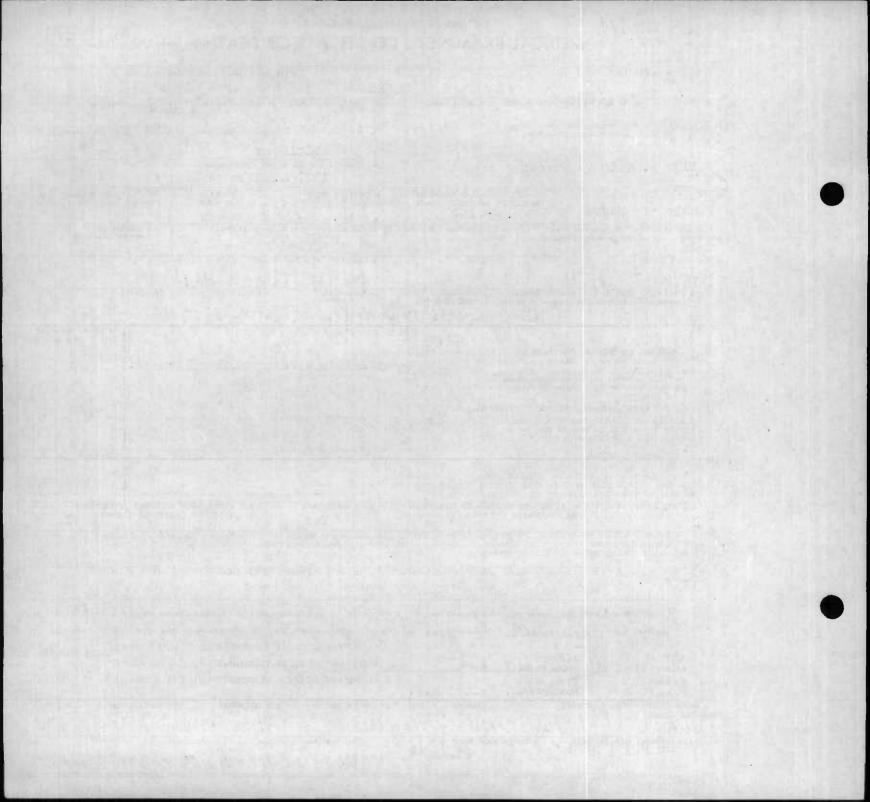
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



66 09271 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ANNIE BELLE JONES September 8, 1966 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 1227 N. Gilmore Street 1227 N. Gilmore Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years

2. DATE AND HOUR PRONOUNCED DEAD 2:05 P 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside corporate limits; write RURAL and give township) II Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours . Female. 1443,1925 Negro married 38 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CLAL 7. INFORMANT SECURITY NO. (Yes, no or unknown), (If yes, give war or dates of service) 214-56-32.14 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Hypertensive Cardiovascular Disease LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? . Yes Yes 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Doy) (Yeor) (Hour) OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. Autopsy X I certify that I held an Inquiry Inspection and that on this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/8/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION. 238. DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) sur la 24A. DATE RECIDEN HEALTH DEPL 24C. FUNERAL DIRECTOR ADDRESS 248, NAMEGOF REGISTRAR VS 151-REV, 1/1/65



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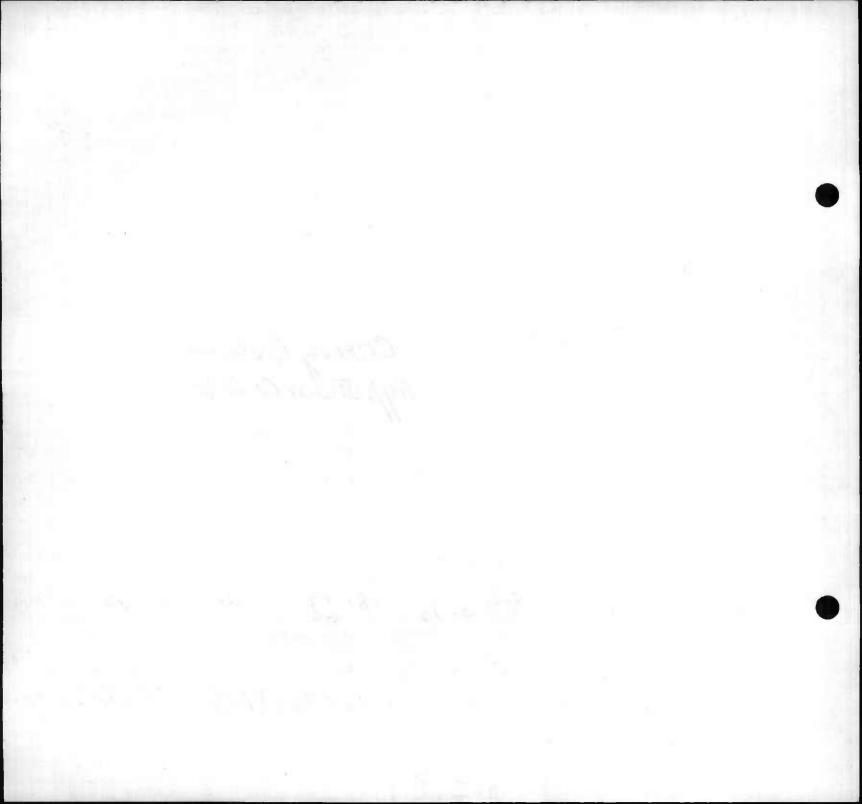
BALTIMORE CITY HEALTH DEPARTMENT 66 09272 Registered Na._ 66 09272 BIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 12, 1966 no Leila Irby 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance deat t or contributing cause Undetermined cause; (5) Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give attend INSTITUTION Baltimore prior D. STREET ADDRESS 3104 Windsor Ave (If rural, give location) 3104 Windsor Ave regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. 5EX 6. RACE 9. AGE (In years If Under 1 Yr. deceased Months Doys WIDOWED, DIVORCED (specify) lost birthelay) Sept 8, 1894 Colored Female disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Ξ Laurens, South Carolina Home Housewife the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Crout Samuel Mills 0 death 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. attendance Mrs. Mozell Mitchell 244-50-6780 No any pronounced CAUSE OF DEATH 9 400, DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,

12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRES5 3104 Windsor Ave INTERVAL BETWEEN ONSET AND DEATH nary Occlusion Eurosa Cardis Vascula mbal gular injury ar camplication which coused death.) ANTECEDENT CAUSES re DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. remains Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 20 A. AUTOP5Y? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? ū (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner) etc.) MEDIO obtained 9 (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from 196 G that (I) (we) lost sow the deceased alive an... eath) and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter deoth. must 23A, SIGNATURE 23B, DATE SIGNED 0 Attending Phys. Stoff Med. M.D. 0 Director Phys. prior

II Under 24 Hrs.

Hours

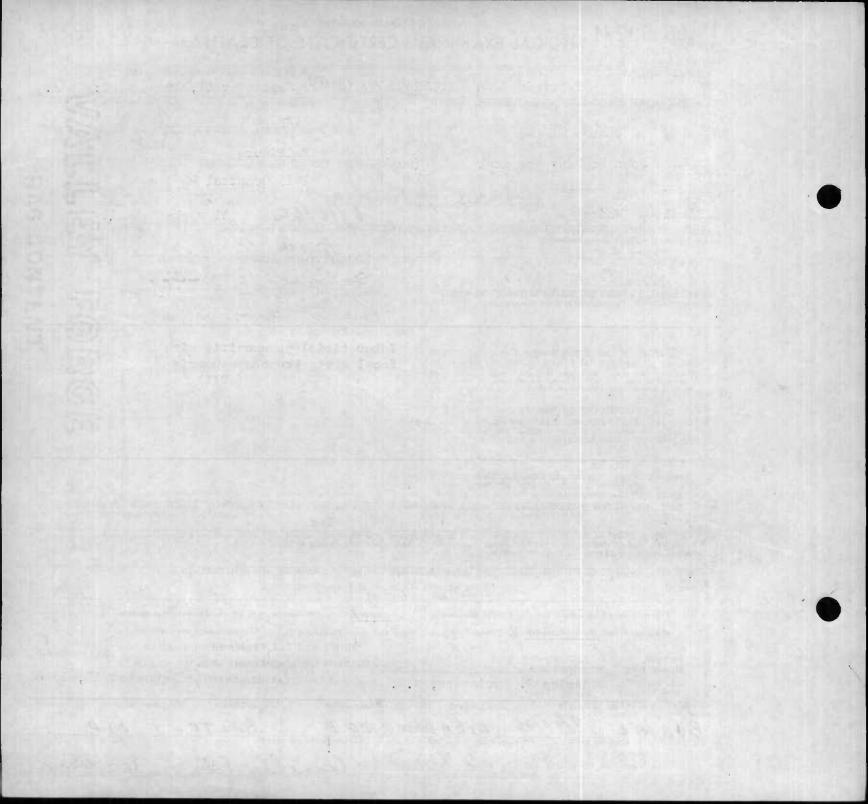
....and that in(my) (aur) opinion death occurred on the date approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) deceased written ap 24A. BURIAL CREMATION. REMOVAL (Specify 9/15/66 Rocky Spring Bapt Ch Cem Laurens. South Carolina Burial 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 3035 W. NORTH AVE Herbert E. Nutter



	00	7-11-1	BALTIMORE CITY	HEALTH DEPARTMEN	Τ \ ,	
BIRTH NO.	66 092	215	CERTIFICA	TE OF DEATH	H Registered No	. 66 09273
M.E. CASE NO.	CEASED				E AND HOUR OF DEAT	-
(Type or Print)	Margaret	SKIN	ner	_	peptember	12-618:00 A M
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			Where deceased lived. If	institution: residence befare admission)
FULL NAME	OF (If not in haspital	or institution	nue street	A. Maryland	B. Balti	A APR
HOSPITAL OF	R address ar lacatia	n)	give sireei			e RURAL and give township)
	1 0 1	11 ~	6 1	Bultimore	6	5.3-00
Maryl	and General	Hospil	al	D. STREET ADDRESS	(If rural, give lacation)	
18				1103 Rose	dale Ave.	
5. SEX	6. RACE		NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F	W	Mar	DIVORCED (specify)	5-17-13	last birthday)	Manths Days Haurs Min,
	CUPATION (Give kind of world			11. BIRTHPLACE (State or	fareign cauntry)	12, CITIZEN OF
	of working life, even if retired)			Maryland		WHAT COUNTRY?
House 13. FATHER'S N		1		14. MOTHER'S MAIDEN	NI A AAF	9.3.71.
						1+
	orge Mazel	201			ie Kottun	
5. Was Deceas Yes, no ar unkno	ed Ever in U. S. Armed Far wn) (If yes, give war ar date	ces? es of service)	1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
No			? Nome	Robt. J. Skinn (Husband)	er	same
18. 2 5	0 1/ 1		CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY		. , 1		ONSET AND DEATH
	LEADING TO DEATH		Sul	parachnoid t	Temorrhage	34 hrs
	nal mean the made of		DUE TO		10235-1711-592	
	e, asthenia, etc. It means amplication which caused		•	0 1	1 -1	2 11
	ANTECEDENT CAUSES		(B) Rupt	ured Athoroso	eleratic aneur	ysu 34 hrs
DISEASES	OR CONDITIONS, if		DOE 10.			
	The above cause (A)		(c) Hup	ertenion, s	evere	30 yrs
UNDERLYII	NG CONDITION loss.		11			***************************************
	11					
OTHER SIG	NIFICANT CONDITIONS C					
DISEASE O	R CONDITION CAUSING	IT.				
19A. DATE	OF OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
	THE WAS INDOORS WIND	Total		1/0		
DEATH (nat	DENT WAS UNDERLYING DENTING CAUSE OF LIFE Medical examiner	ham etc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, at	fice bidg., INJURY OCCU	R?	are City, give exact lacation)
21 D. TIME	(Manth) (Day) (Year)	(Haur) 21E.	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
S OF INJURY	trium tody treat		ile At Not Whil		INJURI OCCUR:	
(APPROX)		Wai				
22. I certif	fy that (1) (this hospital) attended th	ne deceased from S	ept. 11	19 66 to Se	pt- 12 19 66
that (I) (w	e) last saw the decease	ed alive an	Sept. 12	19 6 6 an	d that in(mv) (aur) a	pinian death accurred on the date
23A. SIGNA	ind from the couses sta	red abave. II	/ // (ala nat) V	lew the body after dec	otn.	23 B, DATE SIGNED
Par	711	4	M.D. Alle	ending Med.	Staff r	23 B. DATE SIGNED
///.	Muchael -	Sow	Phy	s. Director	Staff Phys.	2/15/66
23C. PHYSIC NAME				23D. ADDRESS		
			M.D.			
24A. BURIAL CI		24C, NA	ME of CEMETERY OF CRE	MATORY 24	DALOCATION	(City, tawn, or county) (State)
REMOVAL	(9.15.11	2 (1 FFIL	Cometer	15 (I.	McC
SA. DATE REC	DAY-HEALTH DEPT	258. NAME C	of registrar	25C FUNERAL DIREC	la fund	ADDRESS
25A. DATE REC	SEP 14 1966	(12 D B	2 3AD. 45		CI 0 1	711000
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Maryland B. Gillings Mergland General Hargettal 1103 Rosedaleha 81-11-2 Lawrence Maryhard Housemorth Catherine Parthurit Groups Respect Roll & Strang-5000 4.10 Subandowsk Henorebous Replieved Atlanton annysa - The Hypertenson, Season 15 . 74/20 Sept 12 60 13/21/6

66 1	ACCOL	BALTIMORE CITY HEA	ALTH DEPARTMENT			66 09	1974
BIRTH NO. /.	MED! MED	ICAL EXAMINER'S	CERTIFICATE	OF [DEATH Register	ed No.	1614
M.E. CASE NO.	-12/21						
1. NAME OF DEC	EASED		2.	DATE ANI	D HOUR PRONOUNCE	D DEAD	
(Type or Print)	Patri	icia L, POLLING	(POLING)	Septe	mber 11, 196	7:40	A. M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD			deceosed lived. If instit	lution: residence before NTY	e odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET ATION)		arylan (If outside	CI. e corporate limits, write	RU.AL and give tow	(ship)
52/	John Hopkins	Hospital (DOA		altimo		0	
2/99	John Hopkins	nospital (DOA	D. STREET ADDRESS		antral Way		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If U Months, Doys, Ho	
Female	White	WIDOWED, DIVORCED (specify)	6/16/6	66	11 weeks	3 11	1
		KIOB KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreig	n country)	12. CITIZEN OF	1
	working lite, even if retired)		Bal	to	md.	WHAT COUNTS	(1)
13. FATHER'S NAM		00.	14. MOTHER'S MAIL	DEN NAMI	1 12		- 22 526
KA	feet a. 1	oling	Berbaro	2 X	famillar		
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
ites, no or unknown	(If yes, give wor or dote	as of services are services.	Carento -	- sa	me so a	love	
1B. /		CALL	SE OF DEATH			INTERVAL	BETWEEN
0 00	O XI	т	Interstitial	Annoum	onitic with		ND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	IKECIEI		-		ALC: NOTE:	
(This does			ocal acute b	pronen			
injury or co	not meon the mode of , osthenio, etc. It meons mplication which coused	deoth.)			(SDII)		
	ANTECENDENT CAUSI	ec					
	OR CONDITIONS, IF A	(B)	***************************************				
RISE TO TH	E ABOVE CAUSE (A) S	TATING THE					
	TO CONTENT LAST	(C)					
E	11	EST HENDEN EST					
	NIFICANT CONDITIONS DEATH BUT NOT RE					100 A C C	
DISEASE O	R CONDITION CAUSING	G IT					
19A. DATE OF		NOTION FOR WHICH OPERATION			20B. IF YES, WERE FIN)
			Yes				
UNDERLYING	OR CONTRIB-	218, PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY O	CCUR?	(If in Boltimore City, giv	re exoct locotion)	
<u> </u>	SE OF DEATH.	etc.)					
21 D TIME OF INJURY	(Month) (Doy) (Yea	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW	DID INJU	JRY OCCUR?	TO LA TEST	
(APPROX.)		WHILE AT NOT	WHILE WORK				
22.							
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resu	ted from: Notural co	ouses X Accident Suici	ide Homicide		Indetermined monne	or	
F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	130 0	004-1	CHIEF MED			DATE	SIGNED
SIGNAT		3 J. Japate M.	D. ASSISTANT MED	ICAL EX	AMINER X		
EXAMIN		s S. Springate, M.D.		DICAL EX	KAMINER Sep	ptember 11,	1966
NAME (Type)						
23A, BURIAL CRE REMOVAL (Specif	y)	23C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	town, or county)	(Stote)
BURI	AL 9/14	1/66 MEADOW	RIDGE	1	BALTO.	M D ADDRESS	
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL	DIRECTOR		ADDRESS	THE
	SEP 1 4 1966	Robert E. Farley M.	Coun	00	511	30- 12	71 -
		Maksan C. Maksum	Leun	elle	1-17.	300 1	cac
VS 151-REV. 1/1/	65		THE RESERVE OF THE PARTY OF THE	1			



VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT	
21	GRITH NO. 66 09275 CERTIFICATE OF DEATH Registered No. 66 09275	-
	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	-
	(Type or Print) WILLIAM DENKER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)	4.
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
	FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR INSTITUTION C. CITY OR TOWN (If autside city limits, write RURAL and give township)	-
	D. STREET ADDRESS (If rural, give location)	_
	GOULD CONU, HOME 366 TOWNSEND RD	
po	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.	=
E	MIDOWED, DIVORCED (specify) WIDOWED DEC. 6 1883 82 Months Days Hours Min.	
ı is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	-
ition	PALTO ALO	
S	BLACK SMITH BALL CHEM. CO. BALTO. MD. USA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME	-
spo	HERMON DEWLLED ANIMO FERHORDT	
ē	HERMAN DENKER 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	-
nal	(Yes, no arunknown) (If yes, give war ar dates of service) SECURITY NO. 212-05-8407 EDMA DENNER 366 TOWN SEND	0
Ę.	NO 212-05-8407 EDNA DENRER 366 TOWNSEND CAUSE OF DEATH INTERVAL BETWEEN	14
ō	ONSET AND DEATH	
ed	LEADING TO DEATH (MEDIL Wasman cerulat Suchelen	
E	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease,	**
npa	(This does not mean the mode of dying, e.g., heatl failure or complication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES (A) Cerebre Vasaular certifact Suddet Sudd	
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are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) Vascular disease 2 yes	
S	UNDERLYING CONDITION lost.	
remain		-
E H	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	S DISEASE OR CONDITION CAUSING IT.	=
the	198. CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
ore	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY & g., in of about 21C. WHERE DID home, forth, foctory, street, office bldg., INJURY OCCUR?	-
bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
T	Q 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	-
aine	OF INJURY (APPROX.) White At Not White At Work At Work	
ota	22. I certify that (I) (this haspital) attended the degeased fram 1966 to Slept 10 1966.	- 1
0	that (1) (we) lost sow the deceased alive on Stand 9 19 6 and thot in (my) (aur) opinion deoth occurred an the date	
pe	ond how and from the couses stoted obove. (1) (Wey (did) (did not) view the bady ofter death.	
must	238, DATE SIGNED	-
	Med. Stoff 9-12-66	
0	23C. PHYSICIANS 23D. ADDRESS 23D. ADDRESS	-
0.0	MARETYPH BALLACTIVE NO. BULLET MAR	
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	-
	REMOVAL (Specify) 9/14/10 Process	
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	_
3	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SEP 14 1966 Polyclo & Fallowar CONNELLY SONS 300 MACE	1

y Harry Salas & Strong o

contributing cause of death etermined cause; (5) Deceased n regular attendance on the eceased prior to death. Such and occurred made. deceased disposition is eath (4) Und Was the Ď ПО death or final attendance any pronounced balmed regular EB who 4 physician chief medical physician the where to the hospital °Z any nature; obtained 9 approved (except and death); of hospital must accident 9 approval 0 prior Was at A: (1) A deceased he body shows:

Was

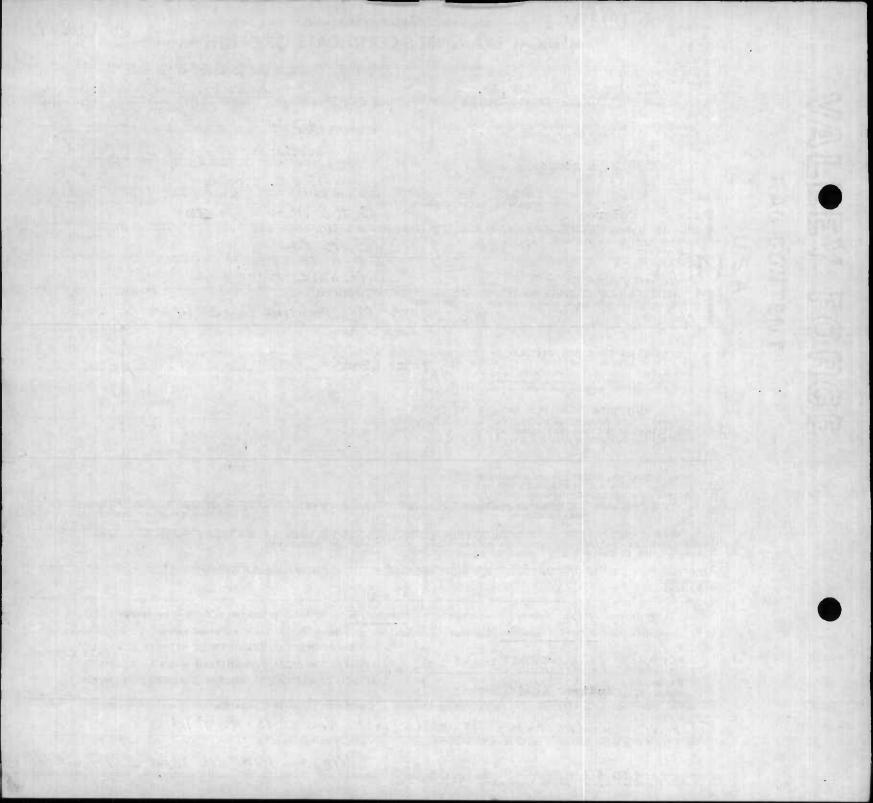
BALTIMORE CITY HEALTH DEPARTMENT 66 09276 66 09276 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Ritter, Robert Andrew
3. PLACE OF DEATH IN BALTIMORE, MARYLAND September 11, 1966 6:00AM

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 6:00Am. B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township Weterans Administration Hospital Baltimore 3900 Loch Raven Blvd. D. STREET ADDRESS (If rurol, give location 115 East Church Hill Street Baltimore, Maryland 21218 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify)
Married lost birthdoy Hours 4/3/16 Male Caucasian 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF what country? united States done during most of working life, even if retired) Marvland Grocery Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy Ritter Mary Henley 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL Veterans Hospital Records ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 213-07-04-15 Baltimore. Maryland 12/23/42-1/3/46 Yes CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bronchogenic Carcimona of Right LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO Main Bronchus with direct heorl foilure, osthenio, etc. Il meons the diseose, Extension To Esophagus Forming a injury or complication which caused death,) ANTECEDENT CAUSES are Trachaeo-Esophageal Fistula DISEASES OR CONDITIONS, if ony, giving 6- 8 Mos rise to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work 22. I certify that (K) (this haspital) attended the deceased fram August 2. 1966 to September 11. 19 66 19 66 and that In (Tay) (aur) apinian death occurred an the date that #() (we) last saw the deceased alive an September 11. and have and from the couses stated above. (7) (We) (did) (did hat view the bady after death. 23A. SIGNATURE 23R DATE SIGNED Attending Med. Stoff Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. Veterans Hospital, Balto., Md. Brawley Robert K. 24A. BURIAL CREMATION, REMOVAL (Specily) 24C, NAME of CEMETERY OF CREMATORY (City, lown, or county)

Sykesville. Md. Burial 9/14/66 Lake View Cemetery Police & To 25C. FUNERAL DIRECTOR John F. Denny, Light & Montgomery Sts. VS 150-REV, 1/1/65

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0	0 032//		BALTIMORE CITY HEAL				- 68	6 092	77
BIRTH NO.	MEDI	CAL EX	CAMINER'S CE	ERTIFICAT	TE OF	DEATH Registe	red Na	2 0	
M.E. CASE NO.									
1. NAME OF DE						D HOUR PRONOUNC		= =0	
	HITNEY	LEE,J1		III HELLAL BEELD	Septer	mber 13, 196	06	7:10	A _M .
3. PLACE IN BAL	TIMORE, MARYLAND, W	HEKE PRONOL	INCED DEAD			deceased lived. If inst	JNTY	nce before of	July 2 210 U)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOV	ryland	e corporate limits, write	e RURAL ond	give lownsh	iip)»
IN 31110 IION				Ва	ltimore	е	7-	-	40
15	500 N. Broadwa	ay		D. STREET ADDI	RESS If rurol,	, give location)			
0						Broadway		YE Y	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI		9. AGE (In years		Yr. If Under	
Male	Colored	11100 1110,	or o kaza tapaciny,	Oct. 2.	1935	30			
done during most of	working lite, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	Balto.		gn country)	12. CITIZEN WHAT	COUNTRY?	
Labore 13. FATHER'S NAM				14. MOTHER'S M		E			
	iey Lee 5	r.	DOMEST OF STREET	Monni					
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	0 //-		ADDRESS		
	(If yes, give war or date		SECURITY NO. 214-30-7337		nric	Lee 14:		Bross	lway
18.	1.0			OF DEATH			10	NTERVAL BE	TWEEN
50	/ (-Q) 1-						9	ONSET AND	DEATH
DISEA	SE OR CONDITION DI	RECTLY	Fatty	Tiver					
(This does	nat mean the made of e, asthenia, etc. It means	dying, e.g.,	(A) Fatty	TITAGI					•••••
injury or co	implication which caused	deoth.)							
	ANTECENDENT CAUSE	S							
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)						
	TE A80 VE CAUSE (A) ST NG CONDITION LAST.	ATING THE							
Z			(C)				*****************	***********	
OTHER SIGN TO THE DISEASE OF THE DIS	II	CONTRIBUTIO	10			The second			
OTHER SIG	DEATH BUT NOT REI								
DISEASE C	F OPERATION LAUSING		WILLIAM CONTRACTOR	OOA AUTORCY	1 (V NI-)	TOOR AF MEE WERE EL	NDINGS 60	NCIDERED	
O O	WAS PER		WHICH OPERATION	20A. AUTOPST	rites of No	IN CERTIFYING CAU			
J GX	AL CAUSE WAS	lain	BLACE OF INTURY In a		Yes	Ilf in Rollings City of	lun nunnt lan		Yes
UNDERLYING	OR CONTRIB-	home etc.)	PLACE OF INJURY le.g., i , farm, factory, street, a	ffice bldg., INJURY	OCCUR?	in in sommore city, g	IVE EXOCT TOC	dirotti	
Z TIME TIME	DE OF DEATH.	GIC4)							
OF INJURY	(Manth) (Day) (Year) (Hour) 2	TE. INJURY OCCURRED	21 F. HC	INI DID INI	URY OCCUR?			
(APPROX.)		m. V	WHILE AT NOT V	WHILE					
22.				v	t at a sale		, ,		
		nquiry				is bosis, death In r			
resu	Ited from: Natural car	uses A	Accident Suicide	Hamici		Undetermined mann	er 🗌		
ACTUA	. 1211	7,00	70			KAMINER		DATE SIG	SNED
SIGNAT	_	uice	M.D.	ASSISTANT M	EDICAL E	XAMINER X			
EXAMII NAME (NER'S Rudiger E	reitene	ecker)	ASSOCIATE M	EDICAL E	XAMINER		9/13/6	6
23A, BURIAL CRE	EMATION, 23B DATE		C. NAME of CEMETERY o	CREMATORY	23 D. I	OCATION (City	, town, or co	unty) [State)
BULLE	1 9/17		Mt. Auburr	dem.	B	alto. Md.			
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTO			DRESS	
			4 4 6	1 Nm	C. M	ARCH 92	28 E.	Wort	44
VS 151-DEV 1/1	(SFP 1 4 1966	1000	B. C. Cally		-	7.0			- 1
. D 101-RE 70 1/ 1/		40000	The second secon	OTE - NO.					



6-651

66 09278 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) DIANE CeceliaGREMPLER September 11, 1966 12:30 A. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland Bel timore FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reisterstown Sinai Hospital D. STREET ADDRESS (If rural, give location) 9 Sunnydale Way 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Doys, Hours, Min. White Female April 7,1949 17 Never Married to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Edward F. Grempler Betty Culp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SOCIAL 17. INFORM ANT SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) Edward Grempler 9 Sunnydale Way. No none Reisterstown. INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrocranial injuries (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$ Yes ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? Hanaver Road, 28foot of Kemp Road, Baltimore County street 21D TIME 21E. INJURY OCCURRED (Hour) (Month) (Doy) (Year) OF INJURY NOT WHILE X Thrown out of car by collision later than the same and the 9-10-66 P WHILE AT (APPROX.) Autopsy X Inspection I certify that I held on Inquiry ond that on this bosis, death in my opinion Accident X Suicide Homicide Undetermined monner resulted from: Notural couses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE September 11, 1966 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Springate, M.D.

23C. NAME of CEMETERY or CREMATORY

248 NAME OF REGISTRAR

VS 151-REV. 1/1/65 N 85 6.7

NAME (Type)

23A, BURIAL CREMATION, 23B, DATE

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

HJ Elhardt OW

Dulaney Valley Mem. Gardens Cockeysville, Md.

24C. FUNERAL DIRECTOR

23D. LOCATION

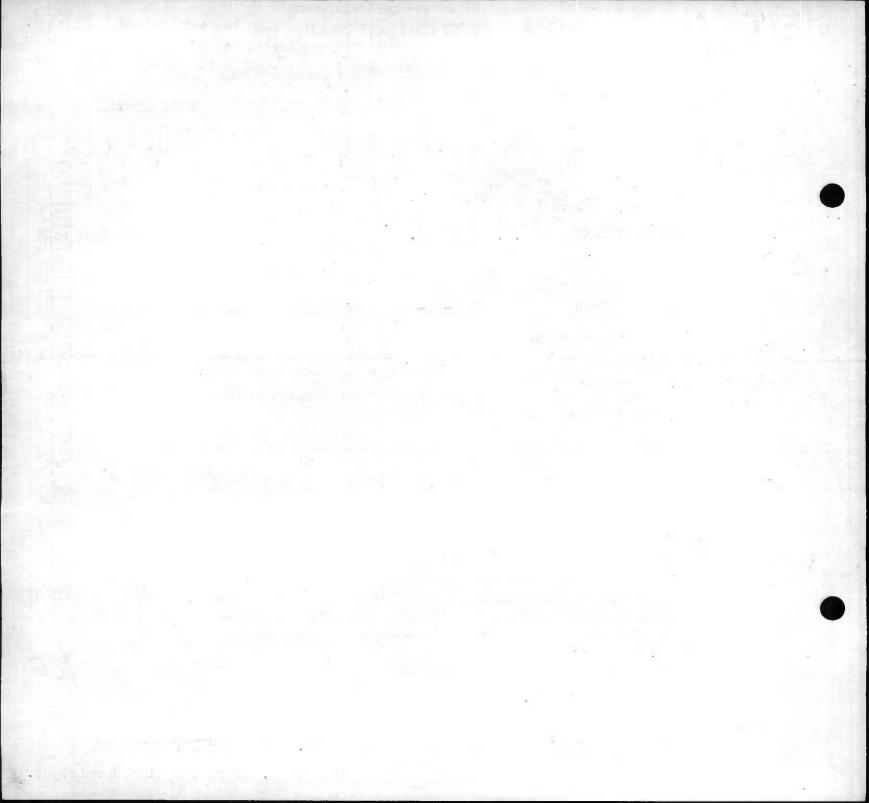
Owings Mills. Md.

(Stote)

(City, town, or county)

THE TOTAL DELLA PERSONAL PROPERTY OF THE PARTY OF THE PAR The could be compression will be e to military All As I mile we will a ment of the supplied to the THE SECRET STREET HERE

	00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		66 09279
M.E	H NO. 66 09279	CERTIFICA	TE OF DEATH	Registered No.	30 00270
1, N. (Typ	AME OF DECEASED TO Print Anthony Joh PLACE OF DEATH IN BALTIMORE, MARYLAND	n Tribul	SICY Sep	t. 12 196	6 5:40 A N
H	FULL NAME OF (If not in hospital or institution, oddress or location) NSTITUTION	give street	Balt Maryla		Arundel
50	University Hos	pital		urol, give location)	the Som
. S	MIDOWE	NEVER MARRIED D, DIVORCED (specify) OF MARRIED	7/17/85	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done	during most of working life, even if refired) Steel A.M. FATHERS NAME	orker (Ret.	Lithuar	nia	UNKNOWY
	unknown		untnou	un	
Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	Mrs Amalia Ml.	namazuk (na	ADDRESS
	18. DISEASE OR CONDITION DIRECTLY	CAUSE O	Mrs Amelia Mly	Harczyk (HB	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH IThis does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease	. DUE TO	remia onic rena neumon	dioease	auknown
	injury or complication which coused death.) ANTECEDENT CAUSES	(B) 7	neumon	ia	5 days
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.				
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		eity c'infrat	revelval fil	1) 3 days
CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OF ERATION	20/A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
CAL	21A, ACCIDENT WAS UNDERLYING 21 1 1 1 1 1 1 1 1	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o .)	n or obout 21C. WHERE DID fisce bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDI	OF INJURY	L INJURY OCCURRED hile At Not While At Work	21 F. HOW DID INJU	JRY OCCUR?	1
	22. I certify that the (this hospital) attended that the (we) lost sow the deceased alive on	the deceosed from 912	/	9 (6 (0 to) of in (m) (our) opini	9/12 19 66 on death occurred on the date
	ond hour and from the couses stated above.	1 1		Stoff Phys.	3B. DATE SIGNED
	23C PHYSICIAN'S NAME (Type) SUSAN L. HON	WARD M.D.	23D. ADDRESS	, 31	111 -109
24 A	REMOVAL (Specify)	AME of CEMETERY OF CR			town, or county) (State)
25 A	Hurial 9/14/66 G. DATE REC'S BY HEALTH DEPT. 25B. NAME 1966 Colors	E talkuta	norial Pk. Gle 25c. FUNERAL DIRECTOR Richard V.	n Savebs, Ma Singleton G	aryland ADDRESS len Burnie, Md.
VS.	150-REV. 1/1/65				



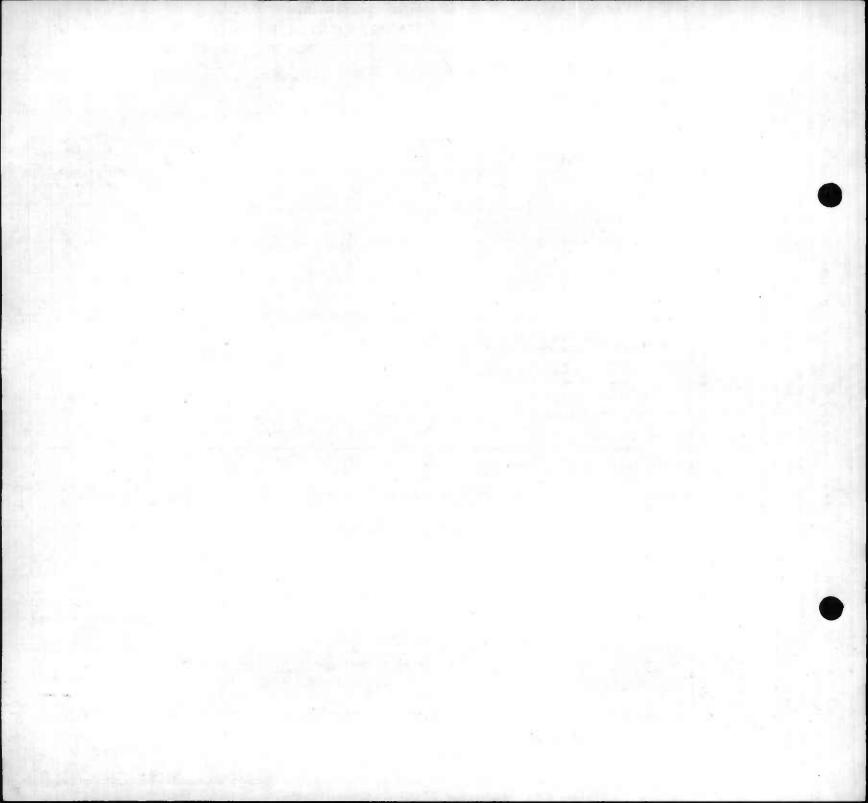
	00	00200	E	SALTIMORE CITY HEAL	TH DEPARTMEN	IT		66 00000
BIR	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICA 1	TE OF I	DEATH Register	red No.66 09280
M.	E. CASE NO.							
	NAME OF DE	CEASED					D HOUR PRONOUNCE	D DEAD
		LESTER			ARK	Augu	st 26, 1966	5:00 P M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	ence (Where	deceosed lived. If insti B. COU	tution: residence before odmission) NTY
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET			e corporate limits, write	RILBAL and give township)
IN:	NOITUTIT					ltimore		1-05
0		il-Ba Nursing			D. STREET ADDE	RESS (If rurol,	give location)	
7	2101 \	West Coldspri	ng Lane		170	00 Norm	al Avenue	
5. !	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	Н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	Male	Negro					77	
		UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	AE			14. MOTHER'S M	AIDEN NAM	E	
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS
(Ye	s, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	The same of			
H	1B. / 5	I To I to StA	2 0	CALISE	OF DEATH			INTERVAL BETWEEN
	11-4-4	1 4 14 19	0,0	CAOUL	or brain			ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Arter	iosclerot:	ic Card	iovascular D	isease.
1	(This does	not mean the made of , osthenio, etc. It means	dying, e.g.,	DUE TO			eococo=eococoeeeeecoco	
	injury or co	mplication which caused	death.)					
	1	ANTECENDENT CAUSE	S	(8)				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO		••••••		
_		NG CONDITION LAST.		(6)				
Ó		18		\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
ERTIFICATION		NIFICANT CONDITIONS						
프		R CONDITION CAUSING		Frac Frac	ture of L	eft Fem	ur.	
ERI	19A. DATE OF	F OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FIN	
C	0				No			
S	UNDERLYING	L CAUSE WAS	home	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJURY	OCCUR?	(If in Boltimore City, give	ve exact location)
MEDIC		ISE OF DEATH,	etc.)	Home			al Avenue	
2	OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		ILNI DID WC	URY OCCUR?	
	(APPROX.)	7 17 '6	$_{\rm m}$	VORK NOT AT W	WHILE X F	all on	basement flo	oor.
	22. 1 cer	tify that I held an I	nquiry 🗌	Inspection X Aut	apsy and	d that an th	is basis, death in m	ny apinian
	resu	Ited fram: Natural ca	uses A	ccident X Suicide	Hamici	de 🗌 📗	Undetermined manne	ar 🗌
	N-1500	/ /			CHIEF M	EDICAL EX	AMINER -	DATE CICHED
	SIGNAT		(De-)	Tell M.D.	ASSISTANT M	EDICAL EX	CAMINER X	DATE SIGNED
	EXAMIN	VER'S			ASSOCIATE M			8/27/66
	NAME (. 1 = 1			11 1 20 1 1 7			DVIAND
	MOVAL (Specif	(v)	- 1	C. NAME of CEMETERY	r CREMATORY	23 D.L	OCATION L TICITY,	to wn, Lor Lookint y (Stote)
			3/66	II.	NIVERSI	TV M	EDICAL SO	CHOOL
24		BY HEALTH DEPT,		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
		SEP 15 1966	R. Deel	+ E. Farburna		MORT	CUARY SE	RVICE - BCHD
VS	151-REV. 1/1/	/65 N/ G-1			000) ())	

N8210 6 6 B a n 9

FUNERAL DIRECTOR: IMPORTANT

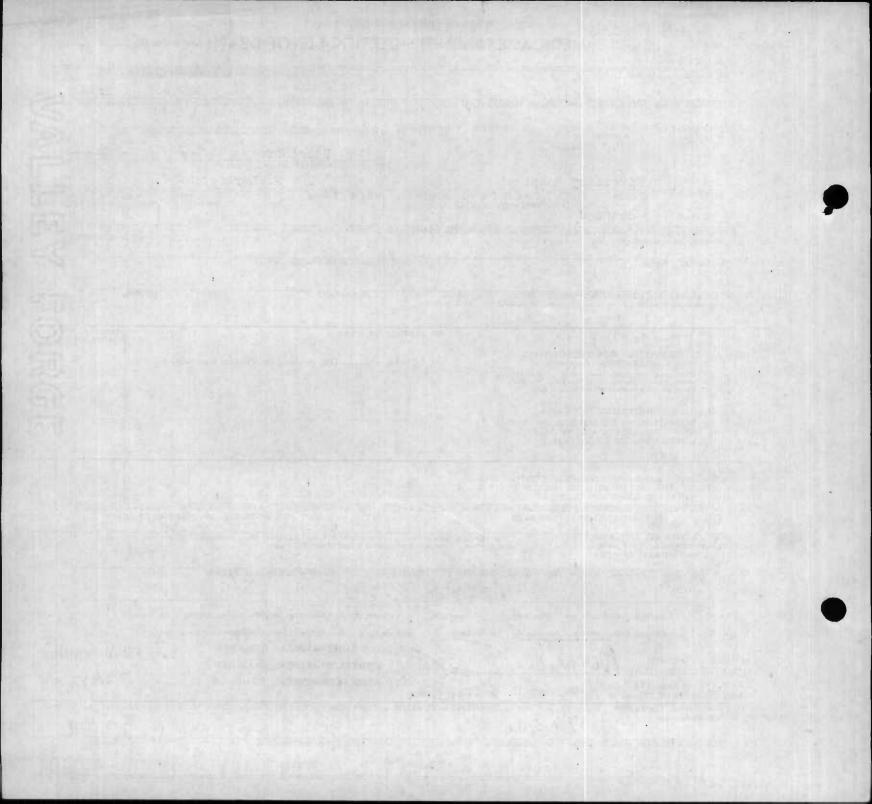
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must he obtained before the remains are emplaned or final disposition is made.

	06-66998281	BALTIMORE CITY	HEALTH DEPARTMENT	66 09281
BIRTH NO.	00	CERTIFICA	TE OF DEATH Registered	No. 00 03401
	F DECEASED	Henderso	2. DATE AND HOUR OF DE	ATH 6 1840 AM
3. PLACE C	F DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	Il institution: residence before admission)
FULL NA HOSPITA INSTITUT	L OR oddress or location)	stitution, give street	C. CITY OR TOWN (If outside city limits, w	vrite RURAL ond give township)
17	n. 11	1	D. STREET ADDRESS (If rurol, give location	Baltimore
511	Urcy A	spual	/	2-05
5. SEX	6. RACE 7. N	MARBYED, NEVER MARRIED VIDOWED, DIVORCED (specify) NEVEL MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give kind of work 10B, nost of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	SNAME		MARY IA W. 14. MOTHER'S MAIDEN NAME	
10	Imes Dunbak		Madeline Hende	1.601).
15. Was Dec (Yes, no or un	ceased Ever in U. S. Armed Forces? iknown) (II yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18.	77/VI	CAUSE O	F DEATH	INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECT	LY		ONSET AND DEATH
(This d	LEADING TO DEATH	iq, e.q., DUE TO		
heart fo	ailure, osthenio, etc. It meons the	disease,		
injury .	ANTECEDENT CAUSES	(8)		
DISEAS	SES OR CONDITIONS, if ony,	DUE TO	, , 1	3
rise t	a the obave cause (A) stot RLYING CONDITION lost.	ing the (C)	mmatirity	15 hrs.
ONDE	II		/	
OTHER	SIGNIFICANT CONDITIONS CONT			
DISEAS	HE DEATH BUT NOT RELATED SE OR CONDITION CAUSING IT.			
OTHER TO T DISEAS 19A. DA	TE OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o No.) 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR COL	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Bolt fice bldg., INJURY OCCUR?	limore City, give exoct locotion)
OF INJ			21 F. HOW DID INJURY OCCUR?	
(APPRO		While At Not Whill At Work	e _	
22. I c	ertify that (1) (this hospital) att	ended the deceased fram	9/6 1966 to	917 1966
that (I)	(we) last saw the deceased al	ive an 8:40 AM 9/7	19 6 6 and that in (my) (aur)	apinian death accurred an the date
	ur and fram the causes stated a			
23A. SIG	NATURE			238, DATE SIGNED
	Louis E. Dre	M.D. Atte	onding Med. Stoff Phys.	
23 C. PH	YSICIAN'S .ME (Type)		23D. ADDRESS	
)	M.D.	Moreon Haspitalon	OE MADVIAND
24A. BURIA REMO	VAL (Specily) 248. DATE	24C. NAME of CEMETERY OF CRE	MATORYL A L 24D. LOCATION	Utility, Individual County A. M. (Stote)
	9/12/6	9	UNIVERSITY MEDIC	CAL SCHOOL
25A, DATE		NAME OF REGISTRAR	25C. FÜNERAL DIRECTOR	ADDRESS
V\$ 150-REV		Isab E. FarkeyMA	MURTUARY	SERVICE - BCHD
FO IDU-KEV	. 1/1/03	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



J-520 66 09282 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	IE OF D	EAIH Register	ed Na		
M.E. CASE NO.									
1. NAME OF DECEASED						HOUR PRONOUNCE	D DEAD		
	Flo		ones			9/2/6		9:30 p	1.4.10
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where de	eceosed lived. If instit	ution: resident	ce before oc	dmis sion)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET		ryland	corporate limits, write	RURAL ond	give lownsh	ip)
INSTITUTION				Ba:	ltimore	4	-0.		
38	University Ho	spital				exington St	•		
5. SEX male	colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	н	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under	24 Hrs. Min.
	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN WHAT	OF COUNTRY?	
13. FATHER'S NAA	A E			14. MOTHER'S M	AIDEN NAME				8
	Marin Billion								
	(If yes, give wor or date		SECURITY NO.	17. INFORMANT			ADDRESS		
18.	X		CAUSE	OF DEATH				TERVAL BE	
DISEA	SE OR CONDITION DI	RECTLY	Abassaa	of lung	and nnow	monia, loba			
(This does	LEADING TO DEATH not mean the mode of		(A)DUE TO	or rung	and phed	monta, 100a	. L		
heart failure	, osthenio, etc. It means mplication which coused	the disease,	DOF 10						
The second second	ANTECENDENT CAUSE OR CONDITIONS, IF A		(B)						
RISE TO TH	E ABOVE CAUSE (A) ST		DOE 10						
	NG CONDITION LAST.		(C)						
2	ll ll								
O THE	NIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	ATED TO T						000000=0=0000====	
19A, DATE OF			WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN			
00	WAS PER	FORMED		par	tial	CERTIFYING CAUS	ES OF DEAT	H?	
OUNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. V	VHERE DID (If	in Boltimore City, giv	re exact locat	ion)	
Z 21D TIME		1 (14-11)	1E. INJURY OCCURRED	21 F H	OW DID INJUR	V OCCILE?			
OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	VHILE AT NOT	WHILE	OW DID INSOR	il occor:			
22. I cer	tify that I held on I	nguiry 🗌		rtial	d that on this	basis, death in m	y apinian		
	Ited fram: Natural ca		coldent Suicid			ndetermined manne			
ACTUA	L Menes	, <			EDICAL EXA		Z Les a	DATE SIG	SNED
SIGNAT	URE VUENOS	h. (M.D	ASSISTANT M	EDICAL EXA	MINER	0.4	2166	
EXAMIN NAME (pitz, M.D.	ASSOCIATE M	IEDICAL EXA	AMINER	9/.	3/66	JD.
23A. BURIAL CRE REMOVAL (Specif		3/66 231	C. NAME of CEMETERY	CREMATORY A	23D. LO	CATION LA (Cily,	town, or redu	TIOO!	State)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	Y MEDICA	ADI	PRESS	1
	CED 1 5 1966	R. O.c.	B. E. Farber, M.S		MORTU	ARY SERV	VICE -	BCH	ID
VS 151-REV. 1/1/	63	1 9	6 6 0 0	9 0 0	8 4				



VLB

BALTIMORE CITY HEALTH DEPARTMENT

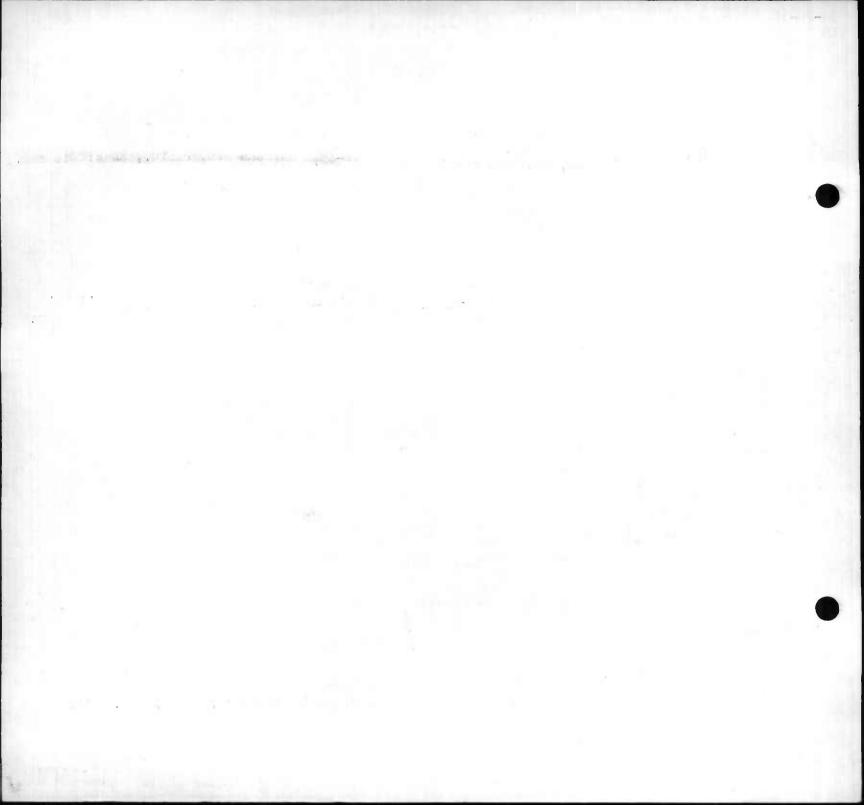
Registered Na.	66	09283
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	TH NO. 56 U9283		CERTIFICA	TE OF DEATH	Registered Na	00 03283
1. N	E CASE NO. IAME OF DECEASED VO 9E/	Wi	lliam		ND HOUR OF DEATH	4:00 PM
	PLACE OF DEATH IN BALTIMORE, MARYL. FULL NAME OF (If not in hospital or in		nive street	A. STATE MARYLAND	nere deceosed lived. If INTY	institution: residence before admission)
	HOSPITAL OR Oddress or location) BALTIMORE CITY			BALT IMORE	outside city limits, write	QURAX and give/towaship)
3 4940 EASTERN AVE. BALTIMORE, MARYLAND 21224					Frurol, give tocotion) ERN AVE, BA	LTO., MD 21224
5. 9	SEX 6. RACE 7.	MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify) IGLE	8. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B e during most of working life, even if retired)	. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
	Was Deceased Ever in U. S. Armed Forces's, no or unknown) (If yes, give wor or dotes of		16. SOCIAL SECURITY NO. 579-20-5681	17. INFORMANT RECORDS-BCH 49.	40 EASTERN A	BALTO, MD. 21224
	DISEASE OR CONDITION DIRECT	TLY	CAUSE O	Pheumoni	a	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dy heart foilure, osthenia, etc. It means the injury or complication which caused de	disease,	DUE TO	B		7 3149
	ANTECEDENT CAUSES		DUE TO		***************************************	
	DISEASES OR CONDITIONS, if any rise to the obove cause (A) sto UNDERLYING CONDITION last.		(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
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CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	218. hometc.)	e, form, foctory, street, ol	n or obout 21 C. WHERE DID INJURY OCCUR?	(†1 in Boltimo	ore City, give exoct locotion)
MEDI	21 D. TIME Month) Doy) (Year) (FOF INJURY APPROX.)		INJURY OCCURRED le At	21F. HOW DID IN	NJURY OCCUR?	
	22. I certify that (I) (this hospital) a	ttended th	ne deceased from	8-18	19 62 to	8-28 1966
	that (I) (we) last saw the deceased of and hour and from the causes stated					pinian death accurred on the date
	23A. SIGNATURE	1				23 B. DATE SIGNED
	Koss I, I	me	all Phy		Stoff Phys.	8-28-66
	23C. PHYSICIANS NAME (Type)	Sru	Q	BCH 4940 EASTER	RN AVE. BALT	O., MD. 21224
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NA	ME OF CEMETERY AT CRE	MICHAY BURK	GCATION MAR	Civ. town, V 3 unty) Stole)
254	A. DATE REC'D BY HEALTH DEPT. 251	B. NAME O	F REGISTRAR	250 EUNERAL DIRECTO	DICAL SC	HOOL ADDRESS

8-8 SEP 1966

SERVICE

VS 150-REV. 1/1/65



R-152

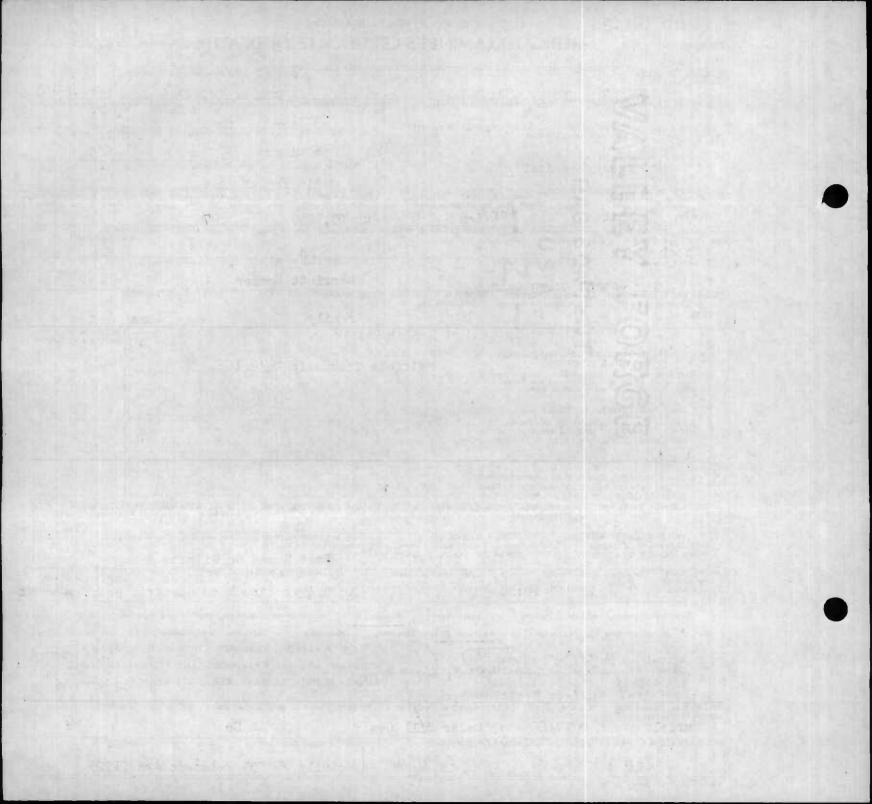
66 09284 BALTIMORE CITY HEALTH DEPA

BALTIMORE CITY HEALTH DEPARTMENT

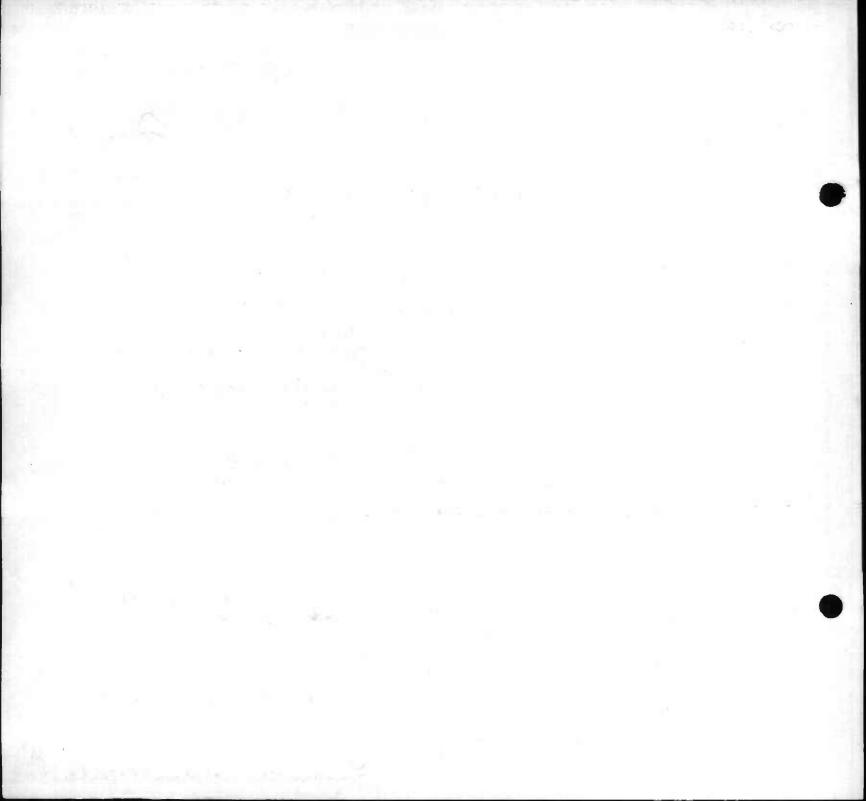
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registere	d No
M.E. CASE NO.	/DEAD
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED	DEAD
ROBERT RUBINSTEIN September 13, 1966 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution is stated as a state of the state of	tian: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Maryland C. CITY OR TOWN (If outside corporate limits, write R Baltimore	HH
D. STREET ADDRESS (If rurol, give locotion).	
4210 Fourth Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male White Married Aug 23.1939 29	Manths Days Haurs Min.
IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk Md	USA
13, FATHER'S NAME	
Joseph Rubenstein Harriett Woomer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown) (If yes, give war or dotes af service) NO 17. INFORMANT SECURITY NO.	ADDRESS
No Femily	Same
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DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Multiple Traumatic Injuries	
(This does not mean the mode of dying, e.g., DUE TO heart failure, osthenio, etc. It means the disease.	
injury or camplication which caused death.)	AND LOUIS AND AND ADDRESS OF THE PARTY OF TH
ANTECENDENT CAUSES	
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UNDERLYING CONDITION LAST.	
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O UNDERLYING LIOR CONTRIB- home, form, foctory, street, other bidg., INJURY OCCUR?	A 1000 1 1
UTING CAUSE OF DEATH. Street East Bound On Wilkens	
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(APPROX.) 9 12 '66 10:30 WHILE AT NOT WHILE X Driver struck an elect	ric pole.
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my	
resulted fram Natural causes Accident Suicide Hamicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Rudiger Breitenecker ASSOCIATE MEDICAL EXAMINER	9/13/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMPTERY of CREMATORY 23D. LOCATION (City, t	own, or county) (State)
Burial 9/17/66 Cedar Hill Cem AA Cb	Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS
SEP 15 1966 P. P. & E. Farley M. McCully FH 237 Patapaco.	

VS 151-REV. 1/1/65 N 869,2

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CERTIFICATE OF DEATH Registers to POLICIA CO POLICIA TO POLICIA CO POLICIA C		00 00005	BALTIMORE CITY	HEALTH DEPARTMENT		CC 0000F			
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S. SER O. RACE N. MARRIED, NEVER MARRIED S. DATE OF BRITH P. AGE S. DATE O	Sinai Hospital of Bellimore.			D. STREET ADDRESS (If rural, give location)					
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MALL OCCUPATION (Give kind of work) (De KIND OF BUSINESS OR INDUSTRY 11. BIRTHEAKE (Safe or Indeed) Particle of the control o	4		4223 White Avenue.						
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that (t) (we) last saw the deceased alive an last 13 19 6 and that in (not) (aur) opinian death accurred an the and hour and from the causes stated above. (t) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 1 Sadove t. Grossman 23D. Address 23D. Address 23D. Address 23D. Address 23D. Address 24D. Location (City, town, or county) (S 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 25D. DATE REC'DRY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 24D. Date 1966 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 24D. Date 1966 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 24D. Date 1966 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTO		22. I certify that (1) (this hospital) attended the deceased from Sept 5 19 64 to Sept 1/ 19 6							
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE **GOUNTY** (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (II outside city limits, write RURAL and give township 4940 EASTERN AVE BALTO., MD. 21224 21202 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years B. DATE OF II Under 1 Yr. Il Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country) done during most of working life, even if retired) 13. FATHER'S NAME arris 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS_4940 EASTERN AVE. BALTO., MD. 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO heart foilure, asthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stoting the (C) UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH? YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, alfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH Inotify medical examiner etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (this hospital) attended the deceased from pe that (1) (we) lost saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Stoff Director approval Phys. 23 C. PHYSICIAN'S NAME | Type) 23D. ADDRESS Dudley A. Raine Jr. M.D. BALTIMORE CITY HOSPITALS 4940 EASTERN AVE.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR VS 150-REV. 1/1/65

1844 Historia State Mr Newson Mound With Couley USB Morris Kearney View Per Kespirtan Amit De Some Carbons - Ax - tymodelall on 22 se the or Call the 1060

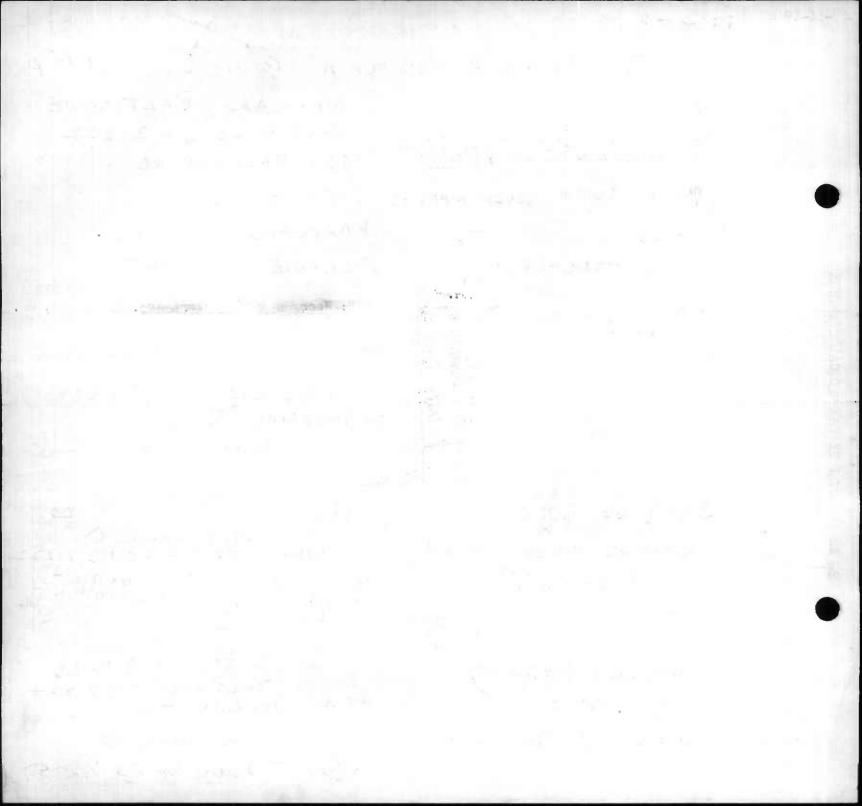
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

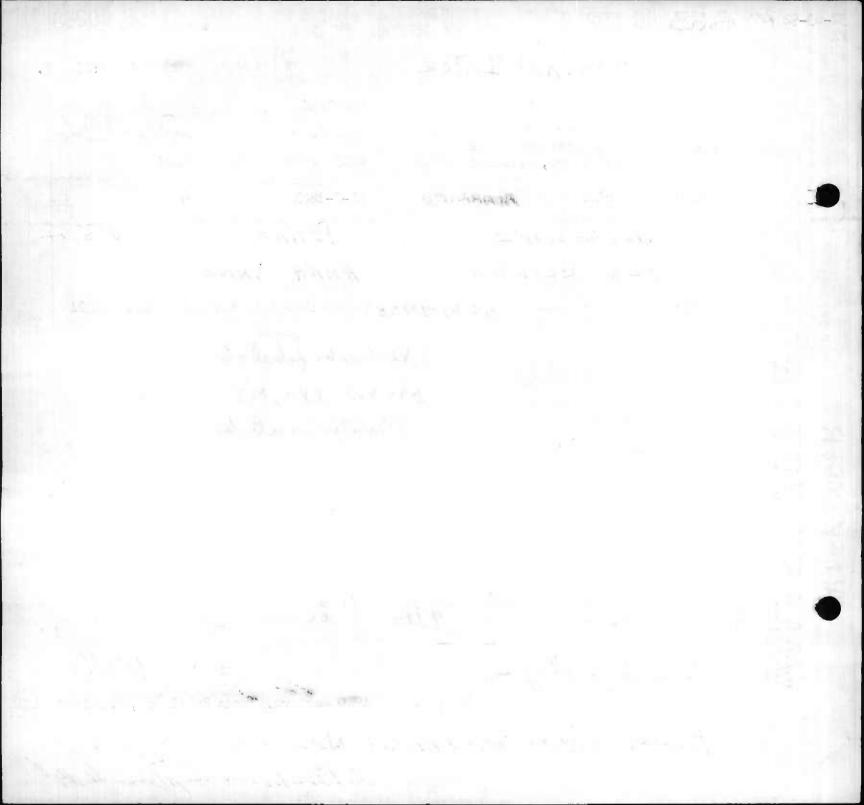
VS 150-REV. 1/1/65



Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12 4:25 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city timits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS RECORDS: BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 30 min 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238. DATE SIGNED 4940 Eastern Avenue Baltimore, Maryland 21224 BURIAL CREMATION, eceased decease 25A. DATE REC'D BY HEALTH DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

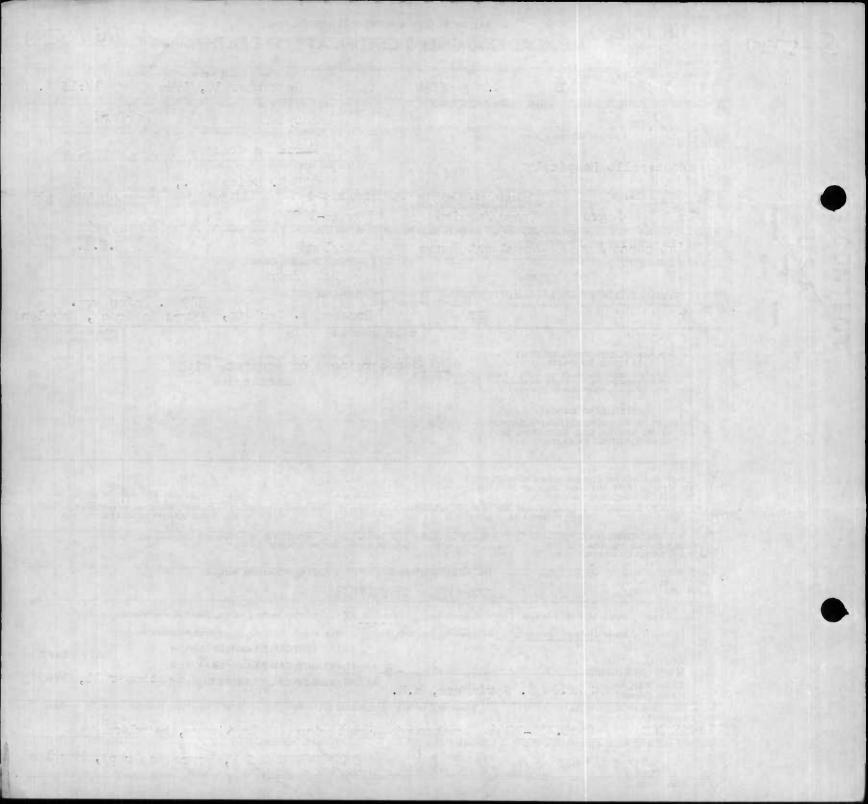
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	66 (TH NO.	09289 MEDI	CAL EX	BALTIMORE CITY HEA	CERTIFICA	TE OF D	EATH Registe	red No. 66 ()	9289	
1.	NAME OF DEC	RUBIN	SNOW	September 10, 1966 12:15 A.						
		IMORE MARYLAND, WI			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harve De Grace D. STREET ADDRESS (If rural, give location) 229 N. Union Ave.,					
ΙНО	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	TION)	JTION, GIVE STREET						
9	Monte	bello Hospita	1							
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Negro Never Married			DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy) 66	If Under 1 Yr. If Un Months Doys Hou	der 24 Hrs. urs Min.		
don	during most of	working life, even if retired)		ent House	Marylan	Y 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN WHAT				
13.	FATHER'S NAA	Not Kno	ovm		Not Known					
		D EVER IN U.S. ARMED)(If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT Rozabya	D. Carls		. Union Ave. de Grace, l		
NOI	LEADING TO DEATH (This does not meen the mode of dying, e.g., heort foilure, ostherio, etc. Il meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 19B. 18 Yes, Were findings considered IN CERTIFYING CAUSES OF DEATH?									
MEDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,						
Σ	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK									
	ACTUA SIGNAT EXAMIN	I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 11, 1966								
RE/	BURIAL CRE MOVAL (Specif RELIATION A. DATE REC'D	y)	12-1966	Greenmount OF REGISTRAR	Crematoria		cation (City,	Maryland ADDRESS	(Stote)	

SEP 15 1966 Orlea & E. Farkenna VS 151-REV. 1/1/65

GTON & JON Mayre de Grace, Maryland



	or Print)	ed 25ey, Geor	CE			- 13-66	TH 10	30
3. PLA		IN BALTIMORE, MA			SUAL RESIDENCE (V	Vhere deceased lived. I	f institution; residence bef	ore odmi
E EIII	L NAME OF	(If not in bosnital	or institution, give street		lary land	OUNTY		
HO	SPITAL OR	oddress or locatio	n)			outside city limits, wri	te RURAL and give towns	ship)
	L	utheran	Hospital of		BALTIMORE		12-0	
4	0	Hae	yland, Inc		TREET ADDRESS	(If rurol, give location) NORTH	AUEWE	1
5. SEX	6. 1	RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCEI	RRIED B. DA	TE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If	Under 24
1	1	NEGRO	MARRIED	1-	28-82	84	Total in State of the State of	313
		TION (Give kind of worling lite, even if retired)	108. KIND OF BUSINESS	OR INDUSTRY 11. B	IRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNT	RY?
7	0 V7	Low	-		4.5.		10,5-	
13. FA	THER'S NAME		11'	14. A	AOTHER'S MAIDEN	NAME		
1	1 ation	od n			Unx	0 11/ 10		
15. Wa	s Deceased Eve	r in U. S. Armed For	rces? 16. SOCIAL	17.1	FORMANT) W 11	ADDRESS	
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1 SS LL	A ACCIDENT	WAS UNDERLYING	210 011 05 05		//0			
70	R CONTRIBUTIN	G CAUSE OF	home, lorm, fac	tory, street, office b	ldg., INJURY OCCUR	?	nore City, give exact loca	TONS
U	EATH (notify me		etc.) HC	me	du 30 %	a North	AVE. Be	Comes
WED 21	D. TIME (M	ionth) (Day) (Year)				INJURY OCCUR?	his sed Co	eug
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22	. I certify tha	t (1) (this hospita	l) attended the decease	d from	-2	19 ac. to	9- B	19
th	at (I) (we) las	st saw the decease	ed alive an 9-	/3	19 46 and	that in (my) (our)	opinian death accurre	d an t
ar	nd haur and fre	m the causes sta	ted abave. (1) (We) (did) (did nat) view t				
	A. SIGNATURE	1	01				23B, DATE SIGNED	
	A. 1	Lamaki	(b	M.D. Attending	Med.	Statt Phy s.	9-13.1	
23	C. PHYSICIAN'S	10000	X		DDRESS	1, <		16
	(Туре)	MAMADI	111 66	M.D.	Verther.	an Hora	tel	
24A. F	URIAL CREMA	TION, 24B. DATE	24C. NAME of CEA	METERY OF CREMAT	ORY 24E	LOCATION	(City, town, or county)	(5
	EMOKAL (Spec	ify) -	1 1/1	1	-) - (/		
	K	9-17-	11 WH 11	. 6		5 - 120		
	5	9-17-	25B. NAME OF REGISTRA	burn	SC, FUNERAL DIREC	Sa Ca,	ADDRE	SS

THE TRANSPORT OF THE PROPERTY Joseph Hard be through the policy of JEST TIMESE Haryland, Inc. ROLD W NORTH AUELUE 42 -55-2 CHARAGE 35330 2 D find it not deput times it bey Parish Howling Cl, Cornelph of. of the stand of the stand Horne 9-2-6 11/1 9-13 & Manaril Ja. duther Hospins A Monaril 18

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66 09291 Registered No.

BIRTH NO. M.E. CASE NO.	66 09291	CERTIFICATE OF	
1.NAME OF DECE (Type or Print)	SOPHIA	HRUBES	2. DATE A
3. PLACE OF DEAT	TH IN BALTIMORE, MARYLAI	ND 4. USUAL	RESIDENCE (Whe

1	2. DATE AND HOUR OF DEATH	
	9-12-66	1:15PM
USUAL RESIDI	ENCE (Where deceased lived. If institution: residence to 8. COUNTY	pefore odmyssion)
Mar	eland	
CITY OR TOW	M (II outside city limits, write RURAL and give tow	mship

FULL NAME OF	Ilt not in hospital or insti	rlution, give street	1 arugiana	
HOSPITAL OR	oddress or tocation)		C. CITY OR TOWN (II outside city limits, write RURAL	and give to
INSTITUTION			D (A)	10000
COV.	0 4 6	. [[- 00	Baltimore.	
(Mus c	In Home	4 Hasto.	D. STREET ADDRESS (II rural, give location)	
_	120,00			_

4. A.

3.	5 Church	Home 4 Hald.	D. STREET ADDRESS (II rurol, give location)	n) ST 2-¢
mad	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WWWLA	B. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
tion is	done during most of working life, even	kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
disposi	13. FATHERS NAME	hL	Caristinus Holoke	
v	16 Was Dansand Funcin II S	Amed Former? 16 COCIAL	17 INFORMANT	ADDRESS

JOHN TENL		Caristinia Hotokech	-
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (II yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cause of Death (a) Melastelic Carcuma Sche	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE TO underwind	Ž.
I	ANTECEDENT CAUSES	(B) DUE TO	# abbb at a a a a t a a t a a t a b b b a a t a a b b b b
I	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stolling the	(6)	
	UNDERLYING CONDITION lost.	(C)	

UNDERLYING CONDITION lost,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	berki Heart Disease à	day?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, lactory, street, alfice btdg., INJURY OCCUR? (II in Boltimore City, give exact location)

CA	DEATH (notily	medicol	exomine	r)		etc.)				
ME	21D. TIME OF INJURY (APPROX)	(Month)	(Doy)	(Yeor)	(Hour)	While At Work	Not White At Work	21F. HOW DID INJUR	RY OCCUR?	
								Parin	(0.0	0:3/

22. I certify that (I) (this hospital) attended the deceased fromand that in(my) (our) opinion death accurred on the date that (I) (we) lost saw the deceased alive

and	hour a	and f	from t	he	couses	stated	abave.	(1)	(We)	(did)	(did	not)	view	the	bady	after	deoth.	
0.00																		_

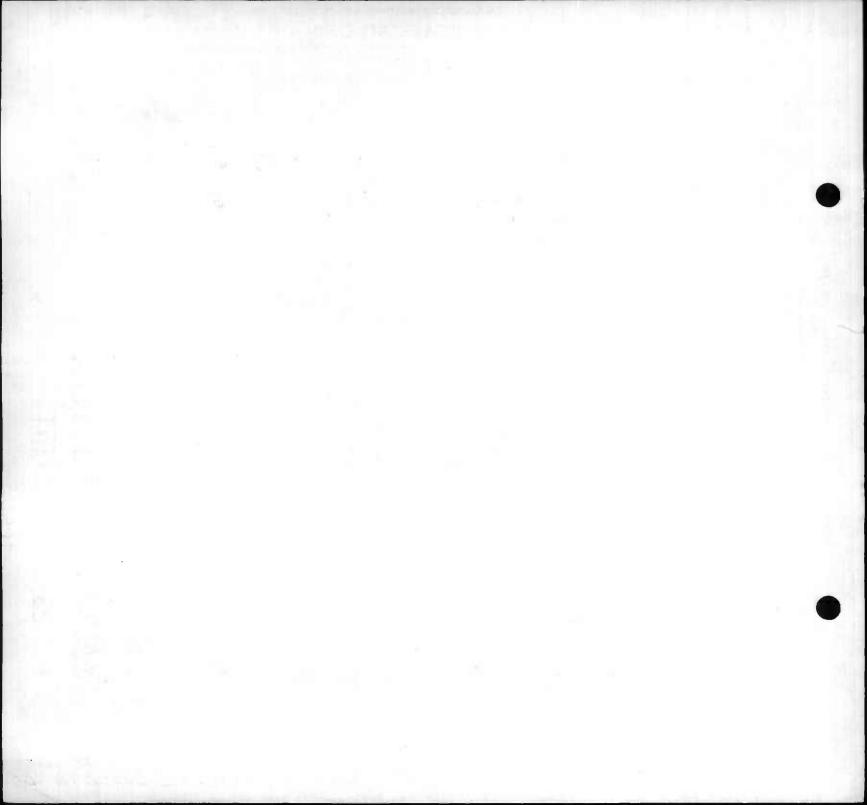
23A. SIGNATURE				23 B. DATE SIGNED
X Hubra	ALD, M.D.	Attending Med. Phys. Director	Stoff Phys.	9-12-Ce
23C, PHYSICIAN'S	3424	23D. ADDRESS	ff	- 11-6

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) ATE 24C. NAME OF CEMETERY OF CREMATORY 24D.

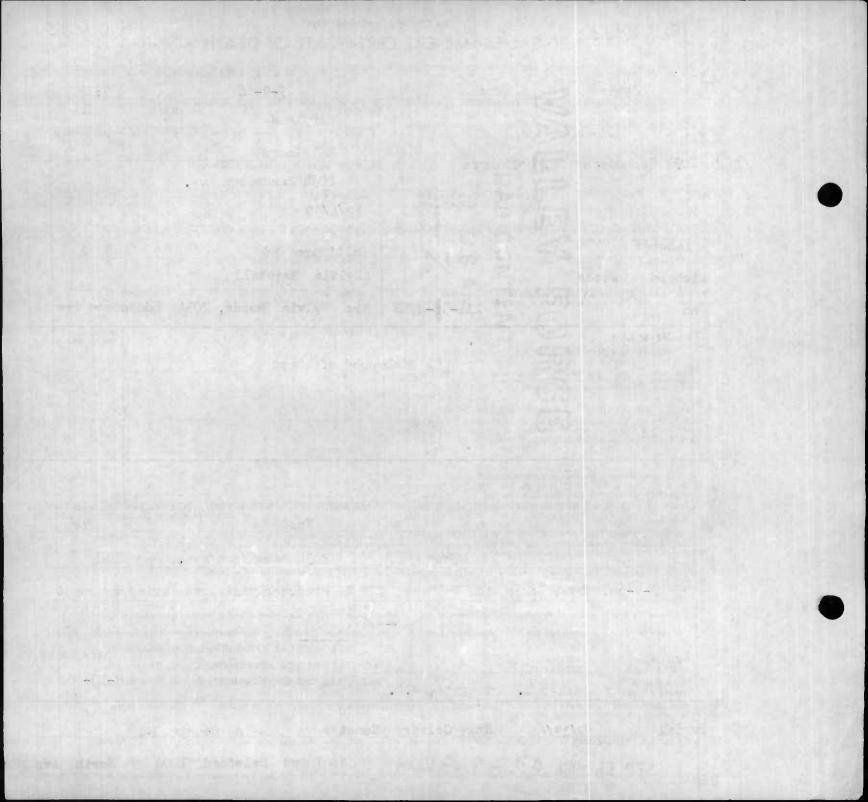
deceased prior to death); and (6) No physician was in rewritten approval must be obtained before the remains are Burial 9/16/66 Holy Redeemer Cemetery Baltimore,

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

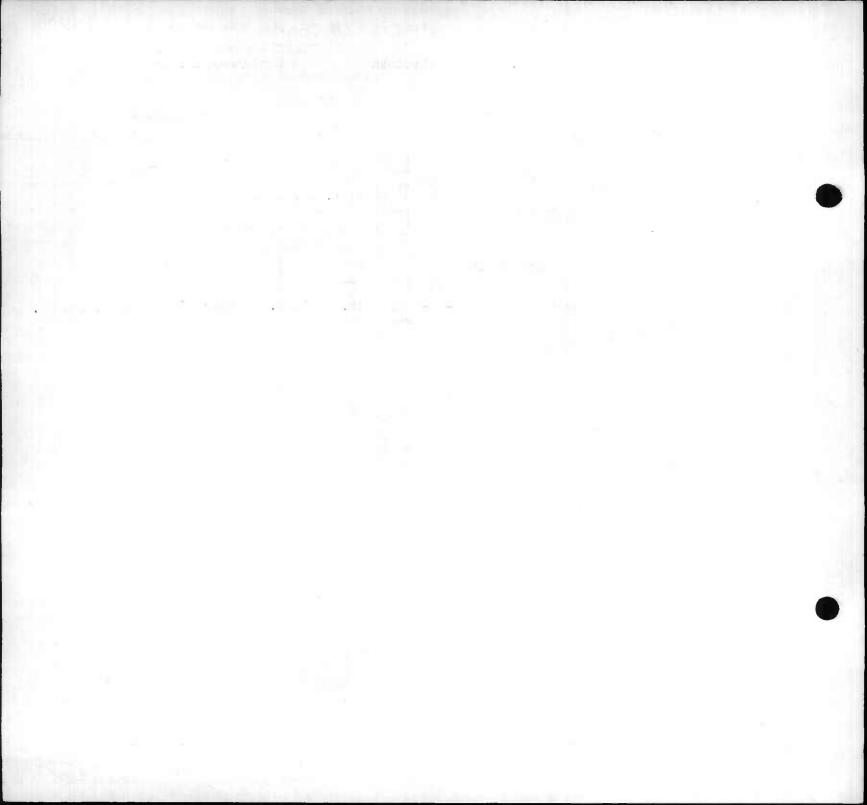
SEP 15 1966 P. S. & Fallows John A. Moran



BIRTH NO.	09292 MED		CAMINER'S CI			DEATH Regist	ered No	09292	2
M.E. CASE NO.									
1. NAME OF D	ECEASED			- 1000	2. DATE AN	ID HOUR PRONOUNG	CED DEAD		
	James	Woo			9-9-	-66		7:28	PM
	LTIMORE, MARYLAND, W			A. STATE	yland	deceased lived. If ins B. CO		dence before odn	nis sio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	de corporate limits, wri	te RURAL o	nd give township	5
				Bal	timore	/	6-	4	
2034 1	Edmondson Ave,	, Baltim	ore	D. STREET ADD	RESS (If rurol	, give location)		1	
			B H. BALL DIE	203	4 Edmor	ndson Ave.			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthday)		Doys Hours	
M	N	WIDO WED,	DIVORCED (specify)	12/4/3	9	21	IVIOII III S	Doys	771111.
	CUPATION (Give kind of world working life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY		71.00	gn country)		T COUNTRY?	
3. FATHER'S NA				Baltimo		E	U	SA	
Richard	d Woods	3,13			Marsh				
Yes, no or unknow	SED EVER IN U.S. ARMEE wn) (If yes, give wor or dote	o FORCES? es of service)	214-38-6768	Mrs Sy	lvia W	oods, 2034	Edmon	dson Ave	
18.	19DY		CAUSE	OF DEATH				INTERVAL BET	
DISE	ASE OR CONDITION DI	IRECTLY						ONSET AND E	EAIF
	LEADING TO DEATH	1	(A) Stab	wound of	chest		11/19		
heart (oilu	s not mean the made of tre, asthenia, etc. It means	s the diseose,	DUE TO						
injury or c	complication which coused	deoth.)						400	
	ANTECENDENT CAUS	ES	(8)				2		
	S OR CONDITIONS, IF A		DUE TO		***************************************				
	TING CONDITION LAST.	TA III O THE						12-12-11-11	
Z			(C)						
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T							
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No.	20 B. IF YES, WERE F	INDINGS C	ON SIDERED	
0	WAS PER	RFORMED			Yes	IN CERTIFYING CAL			
21A. EXTERN	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Boltimore City,	give exoct lo		
UNDERLYING CA	GAOR CONTRIB-	home etc.)	e, (orm, factory, street, o		-1	ndean A	14911		
Z 21 D TIME		A (M) I	HOME		-	ondson Ave.			
	9-9-66, about			WHILE TO DW		y stabbed d	luring	argument	
22.	ertify that I held an I			apsy X an	d 41-44 m- 41-	Is basis, death in			-
					LAB.			"	
res	ulted fram: Natural ca	uses A	Accident Suicide	-		Undetermined mann	ner 🔛		
ACTU.	AL (1)	2 () .				XAMINER		DATE SIGN	IED
	TURE	50/1	A.D.	ASSISTANT M	EDICAL E	XAMINER X			
	INER'S Charle	s S. Sp	ringate, M.D.	ASSOCIATE A	MEDICAL E	XAMINER		9-10-66	
23A. BURIAL CI		23	C. NAME of CEMETERY o	CREMATORY	23D. I	OCATION (Cit	y, town, or	county) (St	iote)
Burial	0/12	166	Mt. Calvary	Cemetry		A Counter	MA		
	D BY HEALTH DEPT.	24B, NAME	Mtat Calvary OF REGISTRAR		AL DIRECTO	A County	Md	ADDRESS	
				6467	nhue II	aletaca 30	of W	Manaka	
	SEP 15 1966	(P.D. B	E. Falkuma	MOOL	pnus n	alstead 12	06 W	North	AVe
VS 151-REV. 1/	1/65								-

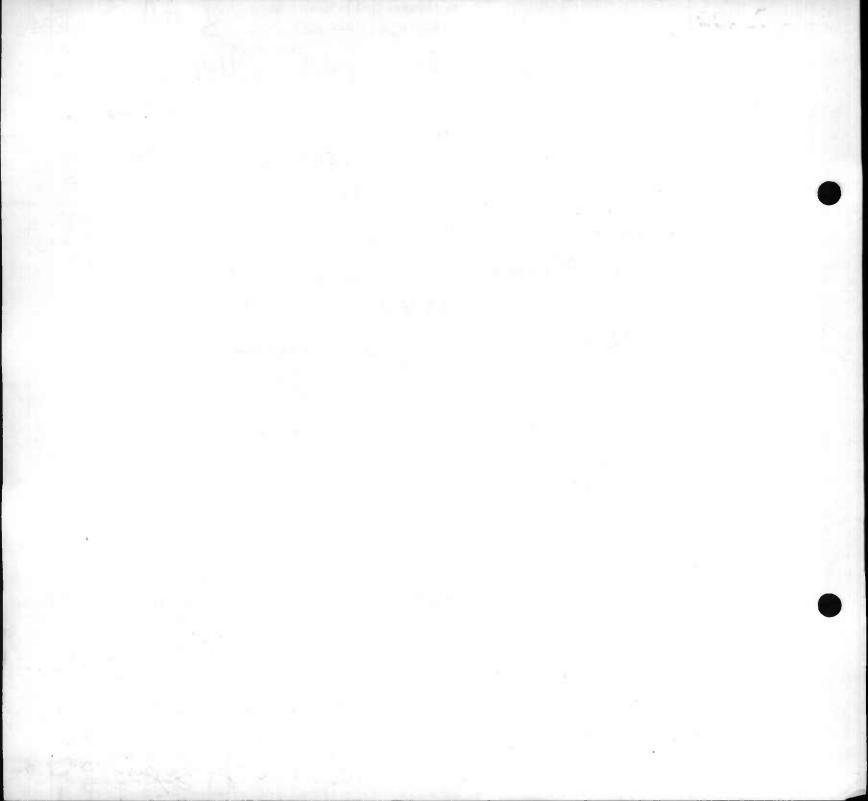


1-1-		0.0000		BALTIMORE CITY	HEALTH DEPARTMENT		66 09293
T T O S		6 09293	3	CERTIFICA	TE OF DEATH	Registered Na.	00 00200
and eath ased the Such	M.E. CASE NO. 1. NAME OF DECEASED)			2, DATE AN	ND HOUR OF DEATH	
_ 70 40 =	(Type or Print)	Anna	S.	Kaufma	n Sep	tember 13,	1966
spita of) Dec nce o eath.	3. PLACE OF DEATH IN	BALTIMORE, MAR	RYLAND			re deceased lived. If i	institution: residence before admission
6 2 3 3	FULL NAME OF	(If not in hospital a		and a trans	Maryland	111	
se; (5 se; (5 andar to d	HOSPITAL OR	oddress of location)	give sweet	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
		rson Nursi	ng Home		Baltimore		1-20
L ior			0		D. STREET ADDRESS (If	rurol, give lacation	
) ·= '-					3800 Menlo	Drive	15
contribut termined regular ceased p	Female 6. RA	White	WIDOWED	NEVER MARRIED , DIVORCED (specify) Widowed		9. AGE (In years lost birthdoy) 94	If Under 1 Yr. If Under 24 Hr. Manths Doys Haurs Min.
0 = 3 =	done during most of working Housewil		108. KIND OF	BUSINESS OR INDUSTRY	Baltimore, M	,	12. CITIZEN OF WHAT COUNTRY?
Und Und as in	13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
(4) × + the special sp		5	Sauerwal	Ld		Wort	th
	15. Was Deceased Ever i	in U. S. Armed Farc	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
kind; death ce on nal di	(Yes, na or unknown) (If ye		s of service)	SECURITY NO.	No. Total C V	(22 D
	No	None		220-54-7273		aul man 24	33 Brambleton Rd.
- E 0 TO 0	18. 4 0 1		f a TI V	CAUSE O	FULATH		INTERVAL BETWEEN ONSET AND DEATH
ed en e		CONDITION DIR	ECILY	015	12 14 1 10 10 0	201101	
		ean the made of		DUE TO	ormy Certe	7	
er. Pro lar	injury ar camplicat	nia, etc. It means ian which caused		20	0 0		
in one	ANTE	CEDENT CAUSES		(B) C	CO dulla	<u>\</u>	~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
re vh	DISEASES OR CO	ONDITIONS, if a	iny, giving	001 10			
3 (6 E E		ave cause (A)		(C)			
ical rns; (siciai vas i	UNDERETING CO						
burns; burns; hysici an was remair	≥ TO THE DEATH	II NT CONDITIONS CO BUT NOT RELATIONS OF	TED TO THE	E			
P d d	19A. DATE OF OPER	ATION 198. CONE	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
by a 2) Bod e the physic ore th	19A. DATE OF OPER	WAS PERF				IN CERTIFFING CA	AUSES OF DEATH?
al by; (2) rere lo ph	OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF col exominer)	21 B, hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
Para Na	21 D. TIME (Man	th) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
hosp natu ept d (6) d inec	OF INJURY			le At Not Whil	е		
he h ny ny sxce and obtai			Wor		16/16		9/1
+ (e) e	22. I certify that				· *	19ta	9/6 196 6
of a	that (I) (we) last	saw the deceased	d alive an		12.6519and th	at in(my) (aur) ap	inian death accurred an the da
nt nt oit		the causes state	ed abave. (I) (We) (did) (did nat) v	iew the bady after death.		
der	23A. SIGNATURE			44.50	adian Company	21-12	23B, DATE SIGNED
a t t = ===============================	Y	Welfron	~	Phy		Stoff Phys.	9/13/66
sody was rest. (1) An ac D.O.A. at a ased prior	23C-PHYSICIAN'S NAME (Type)	111		,	23D. ADDRESS	1. 11 1	
And		WILE	SON	M.D.	57V1 De	ou wou	X4 —
× E O B	24A. BURIAL CREMATIC REMOVAL (Specify	ON, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)
D.O. D.O. ase	Burial	9/14/19	966 H	ebrew Friends	nip Cemeterv F	Baltimore, M	Maryland
the boc shows: was D. deceas writter	25A. DATE REC'D BY H		258. NAME O		25C. FUNERAL DIRECTOR		ADDRESS
the shov was dece	SEP	15 1966	P. D. Br	E. Frederica	Wm L Tich	u ilon	o morth fra
1	VS 150-REV. 1/1/65				11 11 11 11 11		



BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No. 66 09294 CERTIFICATE OF DEATH)4_
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 1. VSUAL RESIDENCE (Where deceased lived, If institution; residence before parts)	? M.
FULL NAME OF (If not in hospital or institution, give street)	11 5 5 1 0 11/
HOSPITAL OR oddress or locotion) INSTITUTION ONLY O	2
D. STREET ADDRESS (If rurol, give locotion) 13/3 Brunt St	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 Under 1 Yr. If Under WIDOWED, DIVORCED (specify) 12/12/09 156 Months Days Hours	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPFACE (Stafe or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	
Edward Mackall Mathlda TALBOTT	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 21.9-09-08-52	
18. CAUSE OF DEATH INTERVAL BETWEE	N
DISEASE OR CONDITION DIRECTLY	TH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout NC WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While A1 No. While	
Work A Work A JO	-6
22. I certify that (I) (this haspital) attended the deceased from 19 00 to 7 10 190 that (I) (we) last saw the deceased alive an 19 00 and that in (my) (aur) apinian death accurred an t	he date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	1
M.D. Attending Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS	U
NAME (Type) +. BAUNEMANN.D. Univenty topital	
Premoval (Specify) 9-14-64 Mt. Auburn Com, Baltimore Md	Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAD PRECIDENT AND AIR WANDERS	, A.

1966 Registrar



		3	_1
500	ccurred in a hospital and tributing cause of death	mined cause; (5) Deceased	sed prior to death. Such
: IMPORTANT	r or his assistant if death or . Also, if the direct or con	ure of any kind; (4) Undeter oncounced death was in re	r attendance on the decea
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
•	This certificate must be approve the body was released to the	shows: (1) An accident of any n was D.O.A. at a hospital (exce	deceased prior to death); and written approval must be obta

	BALTIMORE CITY	HEALTH DEPARTMENT		66 00005
BIRTH NO. 66 09295	CERTIFICA	TE OF DEATH	Registered Na.	66 09295
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	1
Frieda M. Zinnert		4. USUAL RESIDENCE (Whe	ent. 13.	1966 QA. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital or institution, gr	also al	Md.		19-03
HOSPITAL OR oddress or location)	ve sneer	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
> 237 S. Gilmor St.		Baltimore		
		D. STREET ADDRESS (If	rutot, give location)	
Baltimore, 23, Md.		237 S. Gil	mon C+	
SEX 6. RACE 7. MARRIED,	NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
	DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	OWED	2-8-91	C C	12. CITIZEN OF
done during most of working life, even if retired)	BOSHILESS OK HADOSIKI	II. BIKINIERCE (SIDIE OF IDIE	ight country)	WHAT COUNTRY?
		Germany		
3. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	·
Otto B				
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 212-32-7598	Elsie Dehne		
		2511 Christ	ian St	
18. 4 2 0 . 0	CAUSE OF	DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	asto	1. 1. 1/on Y	.Y	£ 42 -
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) DUE TO	noxelestic Heart.	xuellesp	0 75.
hearl failure, asthenia, etc. It means the disease,	D06 10			0
injury or complication which coused deoth.)		Clas		
ANTECEDENT CAUSES	(B)	<i></i>		
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
E TO THE DEATH BUT NOT RELATED TO THE				
A DISEASE OF CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.		20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF home	, form, foctory, street, of	ice bldg., INJURY OCCUR?		
U				
U OF INJURY	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	e At Not White			
22. I certify that (I) (this haspital) attended th	e deceased from	leptember	1966 in Dec	bx. 14 1066
that (I) (we) last saw the deceased alive an		1066		64.14 1966
			at in(my) (eet) ap	pinian death accurred an the da
and hour and fram the causes stated abave. (1)	(We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
Myres & Khelchey	M.D. Atte	nding Med. Director	Stoff Phys.	9-14-66
23C.PHYSICIAN'S NAME (Type)	12	3D. ADDRESS		
Morris B. Schrie	ber M.D.	1519 W. Lo	mbard St.	
	ME of CEMETERY of CRE	MATORY 24D. I	OCATION (City, town, or county) (State)
REMOVAL (Specify)				
Burial 9-16-66 I	oudon Park	B	altimore.	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	REGISTRAR TO	25C. FUNERAL DIRECTOR		ADDRESS
SEP 15 1966 R. Lab	E. Scaley MA	Witzke F.J	04101 E	dmondson Av.
VS 150-REV. 1/1/65				

William Carlot Started Land

attendance on the

and

a hospital

	BALTIMORE CITY	HEALTH DEPARTMENT		66 09296
BIRTH NO. 66 09296	CERTIFICA	TE OF DEATH	Registered No.	
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) Samph Samhillia	20	Sor	+ 79 70	66 3:00 PM
Sarah Sanchillig		4. USUAL RESIDENCE (WHE	ere deceosed lived. If i	nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, gi HOSPITAL OR oddress or location) INSTITUTION	ve street	Md.	utside city limits, write	RURAL ond give township)
148 S. Hilton St.		Baltimore D. STREET ADDRESS (IF	rurol, give location)	
		148 S. Hil	ton St.	
TE WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	VEQ BUSINESS OR INDUSTRY	Apr. 26,96	eign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Late-Salvatore Cascio		Late - Cat	therine	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mr. Michael		
18. 287X1	CAUSE	1219 Stamfo	ord Rd	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) 7/1	Perseardial In	culticience	
(This does not mean the mode of dying, e.g., heart tailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO	The state of the	rterioclino	
ANTECEDENT CAUSES	(B) DUE TO	Pardio Vas	enlar De	er e
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	besity		
II				

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DtD home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF MEDICAL etc.) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from opinion death occurred on the date that (1) (we) last sow the deceased olive on ond that in (my) and hour and from the causes stated above. (!) (\text{\text{We}} (\text{did}) (\text{did not) view the body after death. 23B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director M.D. Stoff

23D. ADDRESS

M.D.

24C. NAME of CEMETERY OF CREMATORY athedra ... FUNERAL DIRECTOR 9-14-66 DEPT. 258. NAME OF

Knipp

24B. DATE

24D. LOCATION

ADDRESS

4116 Edmondson Av.

(City, town, or county)

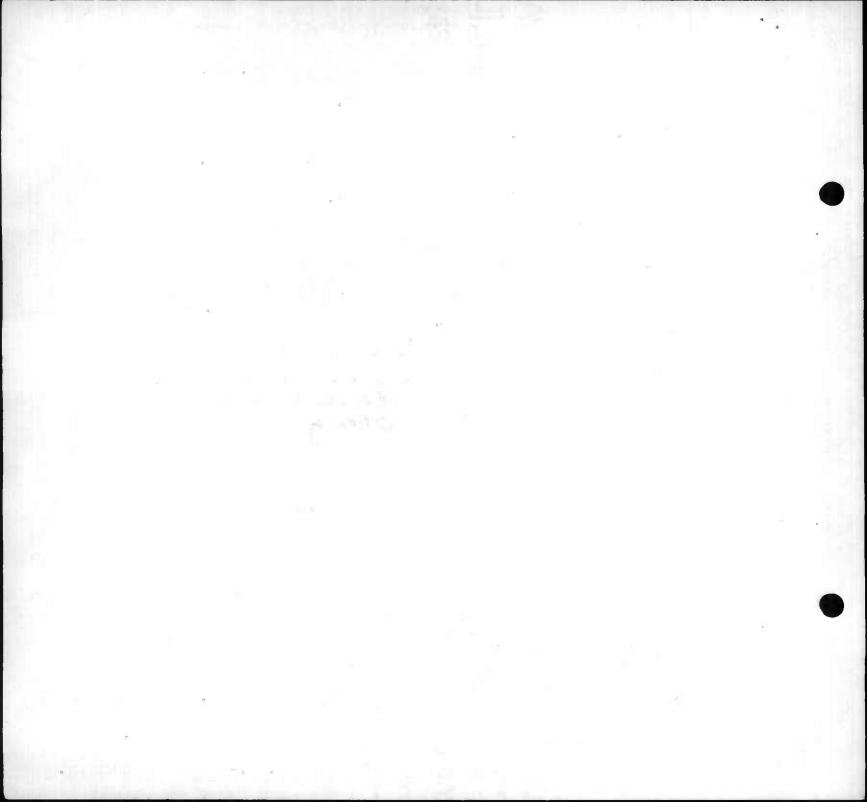
Baltimore, Md.

Witzke F. D.-4101 Edmondson Av.

VS 150-REV. 1/1/65

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)



23C. PHYSICIAN'S NAME (Type)

pital and

		0.0000		BALTIMORE C	TY HEALTH	DEPARTMENT		00	(10(20)2
		6 09297		CERTIFIC	ATE O	F DEATH	Registered Na	66	09297
M.	E. CASE NO.	EASED				2. DATE AL	ND HOUR OF DEATH		
(₹y	pe or Print)	Clades Des							
3.	PLACE OF DEA	Gladys Bow	RYLAND		TA TISUA	L RESIDENCE (WE	ot 13, 196 are deceased lived. If in	56	0:00 A M
	3. d				A. STATE	B. COUR	YTY	A A 3	b beidie duimasidii
	FULL NAME O	F (If not in haspital address or location	or institution, give stre	eet		ryland	itside city limits, write	0/00)
	NOITUTITZNI						itside city limits, write	KUKAL and give	iawnsnip)
7	5					Litimore	rural, give location)		
100	mbo 1	obna Honlei	na Manait	- 1	F 3 F	5	ck Street		
		ohns Hopki							
5.	SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		B. DATE C	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Hours Min,
1	Female	White	Married	note (speed)	9/3/	13	53	,	
10/	A. USUAL OCCI	JPATION (Give kind of world		ESS OR INDUS	TRY 11, BIRTH	PLACE (State or fare		12. CITIZEN OF	
lar	ne during mast af	working life, even il retired)			Ва	lto., Md		WHAT CO USA	UNTRY?
3	FATHER'S NAM	A F				IER'S MAIDEN NA			
٥.					13. 70.011	THE PROPERTY NA			
	Jose	ph Curran			Cat	herine M	cDermott		
5.	Was Deceased	Ever in U. S. Armed For		CIAL	17. INFOR	MANT		ADDR	ESS
re	s, no or unknawn	(If yes, give war or dote	s at service/	CURITY NO.		O'Neill			
					138	N. Grove	Angle Rd		
	1B. 1	7.7 E		CAUSE	OF DEATH				AL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY		-1 N	70 00		C	7
		LEADING TO DEATH		(A)	Shock	CU VI	rogenno	ME &	wa,
		al mean the made of asthenia, etc. It means		DUE TO			0-1		
		plicalian which caused			sers	as and	or any	XOX/S	
		ANTECEDENT CAUSES		(B)	ווה		1		
				DUE TO	Chia	ue hyu	in dicea	es, wi	any
		R CONDITIONS, if above cause (A)		(0) 60	en ne	s euth	B 5		4203
		CONDITION last.	g	1 1	171	1			
		II .			-1 4	2			-
Z	OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING						
ATION	TO THE D	EATH BUT NOT RELA	TED TO THE						
			DITION FOR WHICH	OPERATION	20A. A	UTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONS	DERED
CERTIFIC		WAS PER	FORMED			NT -	IN CERTIFYING CA	USES OF DEATH	?
38	21A ACCIDE	T WAS UNDERLYING	218 DI ACE	OF INITIBY (a.	a in as about	NO 21C. WHERE DID	(If in Baltiman	City, give exact	t looption)
AL (OR CONTRIBL	ITING CAUSE OF	hame, larm,	foctory, street	office bldg.,	NJURY OCCUR?	(II III ballinigit	e Chy, give exact	тасанан/
U		medical examiner)	etc.)						
MEDI	21 D. TIME	(Manth) (Day) (Year)	(Haur) 21E, INJUR	YOCCURRED		21 F. HOW DID IN.	JURY OCCUR?		
Ξ	(APPROX.)		While At Wark	Not V					
	22. I certify	that (1) (this haspital				8-	19 66ta 9	-13-	19 66
		last saw the decease			19				
							nat in(my) (<u>our)</u> api	nian death acc	urred an the dat
		fram the causes sta	red abave. (I) (<u>We</u>)	(did) (did)	view the b	ady after death.			
	23A SIONATU	RE Y	1					23B. DATE SIGN	IED
	-10	med > -	h. Jan	M.D.	Attending	Med.	Stoff V	Carti	3 19/1

David Fedson

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY of CREMATORY

Burial

9-16-66

New Cathedral Scalinger, Md.

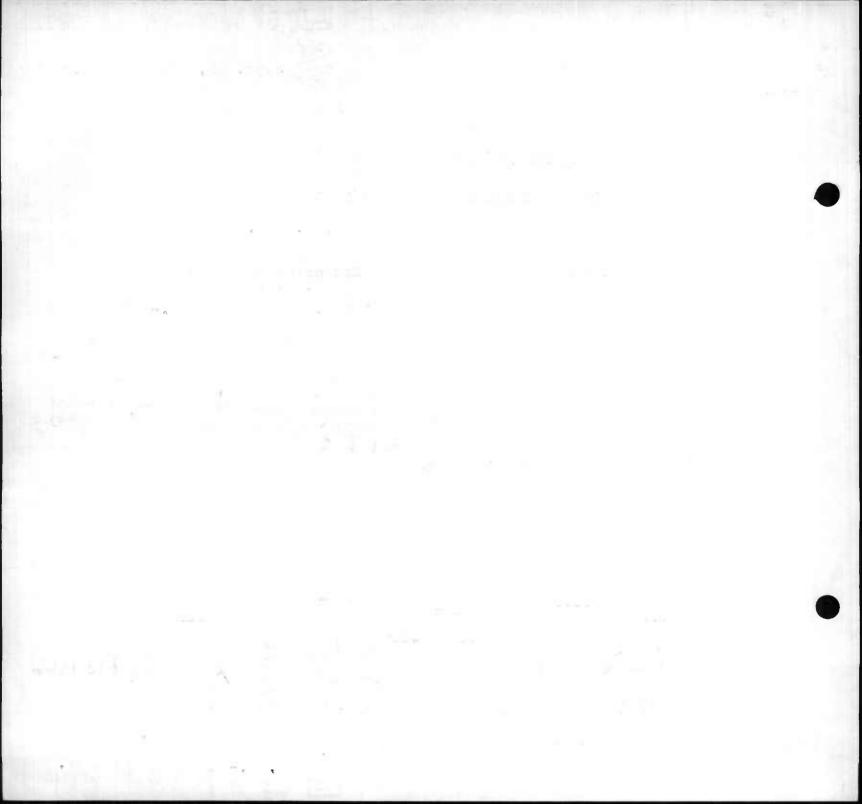
25A. DATE REC'D BY HEALTH DEPT.

SEP 15 1966

Plant & F., D.-4101 Edmondson Av.

23D. ADDRESS

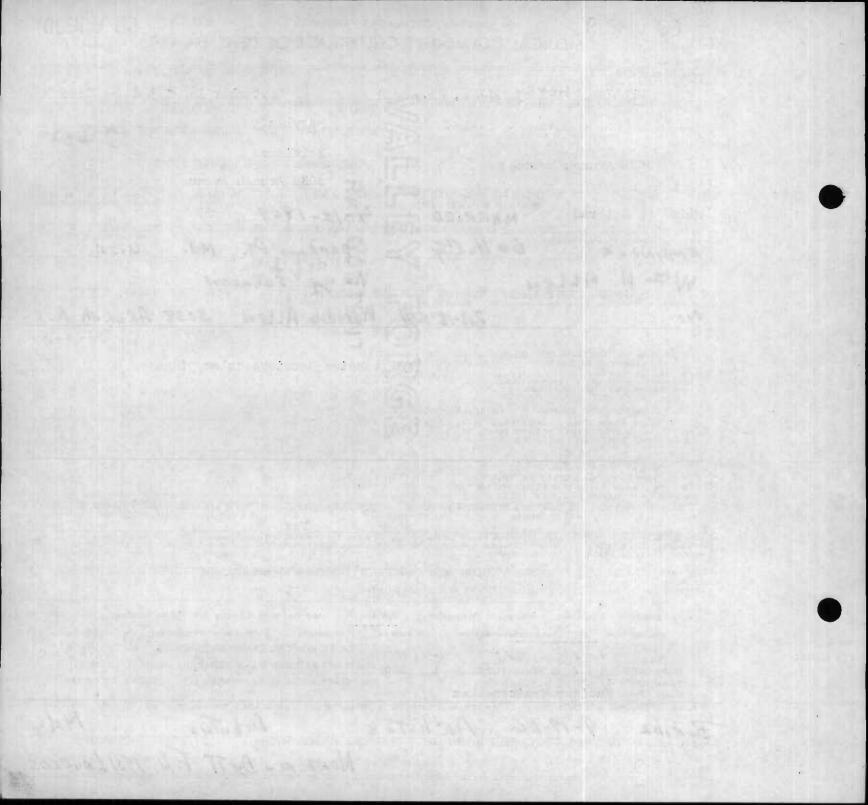
(State)



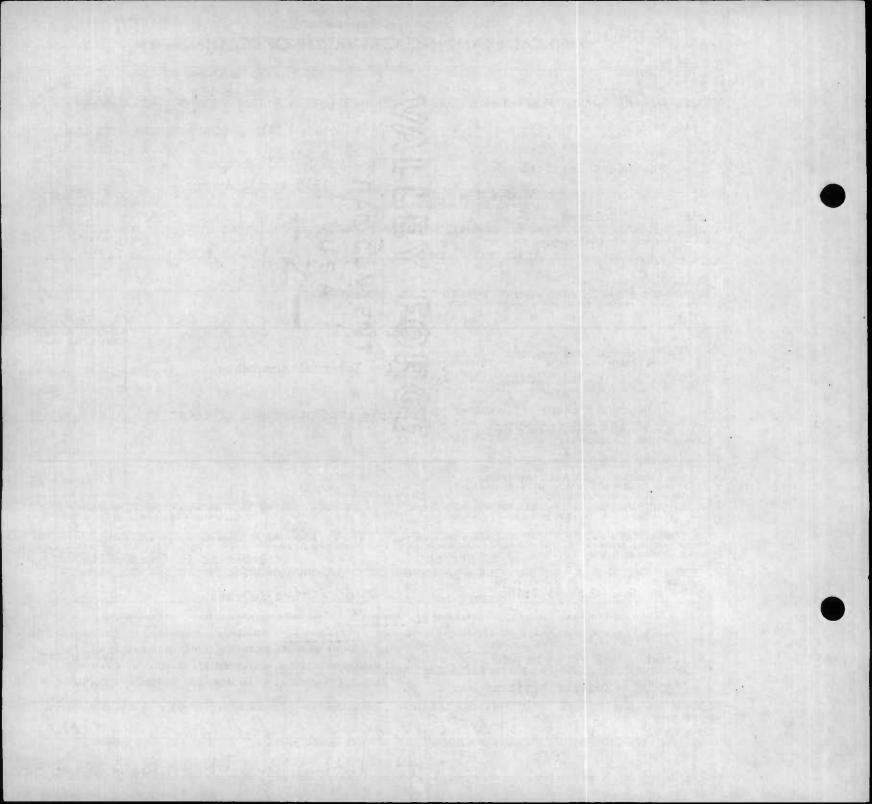
BALTIMORE	CITY	HEALTH	DEPAR	TMFN1

	TH NO. 66 09298 CERTIFICA	TE OF DEATH Registered No	. 66 09298
	CASE NO.	2. DATE AND HOUR OF DEAT	Н
(Ту	pe or Printi	Sport 14 1066	11:30 0 "
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If A, STATE B. COUNTY	institution: residence before admission)
			9-11-5
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write	e RURAL ogd give township)
1	1 m 1 // mta/	Baltimore	
16	Inion Memorial Hospital	D. STREET ADDRESS (If rurol, give location)	
		902 East Horth au	ve,
5. 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	+ N Married	7/2/18 48	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	e during most of working life, even if retired)	Muchan	1152
13	BMESTIC HOUSEWORK	VIV91110	Mrg/T.
13.	- / 0 /	1 /	
7	Joseph Goobe	Fannie (unknown)	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	No.	Sellie Boyd	Same
	18. CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	(1 1	ONSET AND DEATH
	LEADING TO DEATH	parachnoid hemory	hero llohrs
	(This does not meon the mode of dying, e.g., DUE TO		
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		/
	ANTECEDENT CAUSES (B)		
	DUE TO		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		
	UNDERLYING CONDITION lost.		
	11		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC		110	, addition of the state of the
Ü	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., ir or CONTRIBUTING CAUSE OF LANGE OF CAUSE OF LANGE OF LANG	or about 21C. WHERE DID (If in Boltim	ore City, give exoct locotion)
AL	DEATH (notify medical examiner) etc.)	and older, more of the control of th	
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY White At Not While		
	Work At Work	<u> </u>	
	22. I certify that (+)-(this hospital) attended the deceased from	-OT 13 19 66 to	Sept 14 1966
		19.66 and that in (my) () o	
	and hour and from the causes stated above. (1) (We) (did) (did not) v		
	23A. SIGNATURE	The body offer deoffis	23B. DATE SIGNED
	Mate Water As M.D. Atte	ending Med. Stoff	A 1 .
	Phy	s. Director Phys.	Sept 14, 1966
	NAME (Type)	23D. ADDRESS	,
	NAT E. WATSON, JR.	LAWRENCE VILLE	
247	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	REALOVAL (Specify)	1 11 1 1 1 1 1 1	11- 1/2
25/	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	125C FUNERAL DIRECTOR	11egy1 rollig
	2 7 1	M 1 1 1 1 1 1 1	Mari Language
L	9L1 10 1000 4 2 300 -1	Illianten - Vyett 1.1.	1701 Laurenss
VS	150-REV. 1/1/65		

A-450	66 09299 BALTIMORE CITY HEALTH DEPARTMENT 66 09299 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
	WILLIAM HENRY ALLEN, Jr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	A. STATE B. COUNTY Maryland
	HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (If outside corporate limits, write RURAL and give township) INSTITUTION
1	3038 Arunah Avenue D. STREET ADDRESS (If rurol, give locotion)
	3038 Arunah Avenue
	5. SEX Male Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) MARRIED WIDOWED, DIVORCED(specify) MARRIED WIDOWED, DIVORCED(specify) MARRIED WIDOWED, DIVORCED(specify) Months, Doys, Hours, Min. 4-12-1909 57
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired) ENGINERE BALTO. C.Ty SPARROWS PT. Md. WHAT COUNTRY? U.SA. 13. FATHER'S NAME
	WM H. ALLEN VIRGIE JOHNSON
N SOLL THE STATE OF THE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	No 218-18-4091 Meredith ALLEN 3038 ARUNAH AVR
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not meen the mode of dying e.g., A) Hypertensive Cardiovascular Disease
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK
	22.
	resulted from: Notorol couses X Accident Suicide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
The the state of	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 9/13/66 NAME (Type) Rudiger Breitenecker
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of FEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
THE OWNER OF THE PARTY OF THE P	BURIAL 9-19-66 ARBUTUS ArbuTus Md.
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	SEP 15 1986 P. Land E. John MORTON J DUTT F. H. 1761 LAURENS
	VS 151-REV. 1/1/65



BIRTH NO.66	09300 _{ME}	DICAL EX	AMINER'S CE	RTIFICAT	E OF	DEATH Regis	tered Na	0930	<i></i>
M.E. CASE NO.									
1. NAME OF DE	ECEASED					D HOUR PRONOUN			
2 DI ACE IN BAI	DANIEL		CLAY	A HEHAL BEELD		mber 12, 1		7:55	PM.
S. PLACE IN BAL	LIMORE MARILAND,	WHERE PRONOC	INCED DEAD	A. STATE		B. Co	OUNTY	ence before our	mission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTITU CATION)	TION, GIVE STREET		ryland VN (If outsid	e corporote limits, w	rite RURAL or	id give township	p)
					ltimore		//-	0	
Pi	covident Hos	pital		D. STREET ADDR					
5. SEX	6. RACE	7 AA APPIED	NEVER MARRIED	B. DATE OF BIRTH		le Avenue	re I If I I ndos	1 Yr. If Under	24 Hzs
Male	Colored		OIVORCED (specify)	FI .	943	last birthdoy)	Months	Doys Hours	
		vork 108. KIND OF	BUSINESS OR INDUSTRY		1 1	gn country)	12. CITIZE	N OF T COUNTRY?	
Cler	f working life, even if retire		un Shoe	Baltim	7.000 Y	Navy land	17.3	S. A.	
13. FATHER'S NA		10 (2	-11	14. MOTHER'S M.				2,11	
Daniel	Clay Sr.		/	Laura	Herbe	vt.			
	ED EVER N U.S. ARM		16. SO CIAL	17. INFORMANT		.1.	ADDRESS		
NO.	(If yes, give wor or d	totes of service	SECURITY NO.	m. /	a class	15	in the	1. 10 1	la la va.
1B.	. O U		CALLSE	OF DEATH	a Clary	12	12 ar	INTERVAL BET	WEEN
E7	8/XI		CAUSE	OI DEATH			A DE CO	ONSET AND I	
DISEA	ASE OR CONDITION LEADING TO DEA	DIRECTLY	Moood	To town	o 1 - 11 o m o	unib a s a			
(This does	not meen the mode e, osthenio, etc. It me	of dying, e.g.,	(A) MASSIN	ve Interna	al Hemo	rrnage		****	
injury or co	ANTECENDENT CAL	ed deoth.)	M111+i	olo gunch	at woun	ds of ches	+		
	OR CONDITIONS, I		DUE TO	ore guilsing	JC WOUL	ds of ches		***********	
	HE ABOVE CAUSE (A)								
Z Z		30.00	(C)						
O THE	II GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS	RELATED TO T							
19A, DATE O			WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE	FINDINGS C	ONSIDERED	
8	WAS F	PERFORMED			Yes	IN CERTIFYING CA			
ZIA. EXTERNA	AL CAUSE WAS	21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID	(If in Boltimore City,	give exoct lo		,
	OR CONTRIB-	home,	form, foctory, street, o	ffice bldg., INJURY	_	avoment in	front		sylva
E 21D TIME	(Month) (Doy) (Y	(eor) (Hour) 2	IE. INJURY OCCURRED	21 F. H.C		avement in	TIONE	01 1413	Ave
OF INJURY (APPROX.)	0 10	P		WHILE X		n chest			
22.	rtify that I held an			apsy X and	4b=4 == 4b	is basis, death in	mu minim		77.79
				1	-				
resu	olted fram: Natural	A A	ccident Suigld			Undetermined mar	iner 🔛		
ACTUA SIGNA	- 1 / 1 / /	Tura	while	ASSISTANT MI	EDICAL EX			DATE SIGN	NED
	NER'S Rudiges	r Breiten		ASSOCIATE M				9/13/	66
23A. BURIAL CR	EMATION, 23B. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. L	OCATION (C	ity, town, or c	county) (S	itotel
BUY 19	1 9-17	-66	MT. CAlu	ARY	1-	7.A.Co.		M	de
24A. DATE REC'E	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		A	DDRESS	
	SEP 15 188	(1.5 4)	E. Sarkey M.A.	Marton	ne Du	H.7 h.	1701	Lauren	19 CH
VS 151-REV. 1/1	1/65	10		110114		~111).	1101	2101	1 0



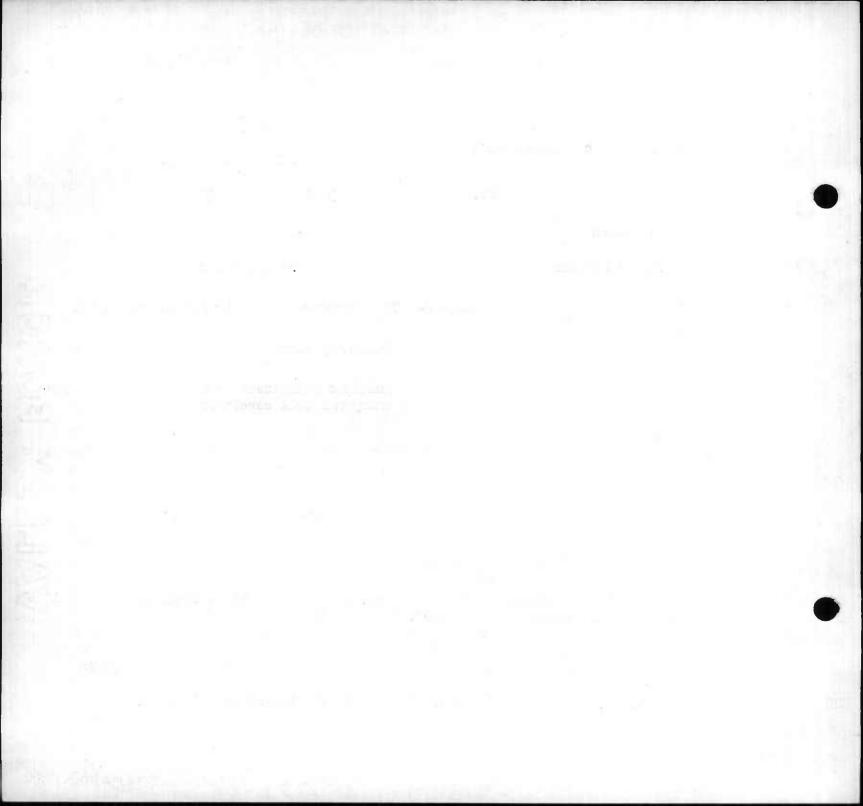
to death.

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		66 00204
BIRTH NO. 66 09301	CERTIFICA	TE OF DEATH	Registered Na	66 09301
I.NAME OF DECEASED (Type or Print) Everette Owe	n Madison	2. DATE A	ND HOUR OF DEATH Sept. 12,	1966 7 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in:	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	Va.		1/1/3
US Public Health Service	Hospital	1	utside city limits, write R NOKE	URAL and give township)
Wyman Pk. Drive & 31st St	reet		f rurol, give locotion) Franklin Rd.	. The
	NIED, NEVER MARRIED NEED, DIVORCED (specify) DIV.	8. DATE OF BIRTH 9/3/26	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired) Salesman	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Va.	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	ODAI
Eugene Madison		Katie Sa	anderson	
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
No	224-24-9170	Records- US 1	PHS Hospital	, Balto, Md.
1B. / 7 8 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pu	ılmonary edema		Days
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO		***************************************	
injury or complication which coused death.)		ltiple metastas	ses from	Year
ANTECEDENT CAUSES	DUE TO ON	mbryonal cell ca		***************************************
DISEASES OR CONDITIONS, if ony, gi	-			
UNDERLYING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 12 1A ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE F IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
OF INJURY (Month) (Doy) (Year) (Haur)	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (/) (this hospital) attend	ed the deceosed from AU	g. 1	1,66 , Sept.	
that (V (we) lost saw the deceased alive				nion death occurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did /hot) v	riew the body ofter death.	•	Joep DAYS MANER
23A. SIGNATURE	A.D. Atte	ending Med. S. Director	Stoff Phys.	9/13/66
ZSOPHYSICIAN'S		s. Director 23D. ADDRESS	Phys	9/13/00
Michael E. Pelczar, SA			ital, Balto,	Md.
24A. BURIAL CREMATION, REMOVAL (Specify)	consider of CEMETERY of CRI	EMATORY 24D.	Bell for	y, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. UNERAL DIRECTO	MILINIE.	ADDRESS Mod

RGB

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

o hospital and

	00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000			
	BIRTH NO. 66 09302	CERTIFICA	TE OF DEATH	Registered No.	66 09302			
	I. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH				
	(Type or Print) Thayes V. E	Brown	Sept	12. 1966	7 A. M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYL	Sept. 12, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission) A. STATE B. COUNTY						
	FULL NAME OF (If not in hospital are oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, with RURAL and give township)						
7. (1) 3. (1) 4.	6				Baltimore D. STREET ADDRESS (If rurol, give location)			
7	1401 W. Ostend St.							
	·		B. DATE OF BIRTH 9. AGE (In years, If Under 1 Yr., If Under 24 Hrs.					
	Female White	WIDOWED, DIVORCED (specify) Widow	Dec. 1, 1923	ost birthdoyl 2/ Ma	Inths Days Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar fareig	in country) 12	CITIZEN OF WHAT COUNTRY?			
	Housewife	At Home	West Virginia		USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0 0 11			
	Carl H. Taylor		Olive L. Lewis	ž.				
	15. Was Deceased Ever in U. S. Armed Farces	s? 16. SOCIAL	17. INFORMANT		ADDRESS			
	(Yes, no or unknawn) (If yes, give wor or dotes of	of service) SECURITY NO.	Edwin R. Wolfe		Same			
	NO	CAUSE O			INTERVAL BETWEEN			
	DISEASE OF CONDITION DIREC	. 4		ONSET AND DEATH				
	LEADING TO DEATH	udiae ta	clure	2 day.				
	(This does not mean the mode of dy heart foilure, asthenia, etc. It means th	ying, e.g., DUE TO	endiae Fa er Pulmu		/			
	injury or complication which coused de	eath.)	CA. Pulling		5 days			
	ANTECEDENT CAUSES	ov vauna	var—					
	DISEASES OR CONDITIONS, if any rise to the above cause (A) st			,				
	UNDERLYING CONDITION last.	(6)						
	Z OTHER SIGNIFICANT CONDITIONS COL			0.01				
	OTHER SIGNIFICANT CONDITIONS COT TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	TO THE PREUM	ronectory	right				
	19A. DATE OF OPERATION 19B. CONDI	20A. AUTOPSY? (Yes on No)	20 IF YES, WERE FIND	INGS CONSIDERED				
	1959 WAS PERFOI	.20	IN CERTIFIING CAUSES	OF DEATH:				
	OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominer)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact lacation)			
		(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
	₩ OF INJURY (APPROX)	While At Not While Work At Work	е					
	22. I certify that (I) (this hospital) of		~	966 10 9	100			
	that (1) (we) last sow the deceased	0/10			deoth accurred on the date			
	and hour and from the couses stated obave. (1) (We) (did nat) view the body after death.							
	23A. SIGNATURE							
	John P. Wiles	ch Ja M.D. Atte		Stoff Phys.	9/14/66			
	23 C. PHY (I CIAN'S NAME (Type)		23D. ADDRESS	,				
	NAME (Type) JOHN P	· URLOCK VA M.D.	1227 Was	lungten a	see 9			
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	MATORY 24D. LC	CATION (City, to	own, or county) (Stote)			
	Burial 9 15 196	66 Glen Haven	Gle	en Burnie, A.	A. Co. Md.			
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR					ADDRESS		
	SEP 15 1966 (Robert E. Farbura	Mc Cully	130 E.	Fort ve.			

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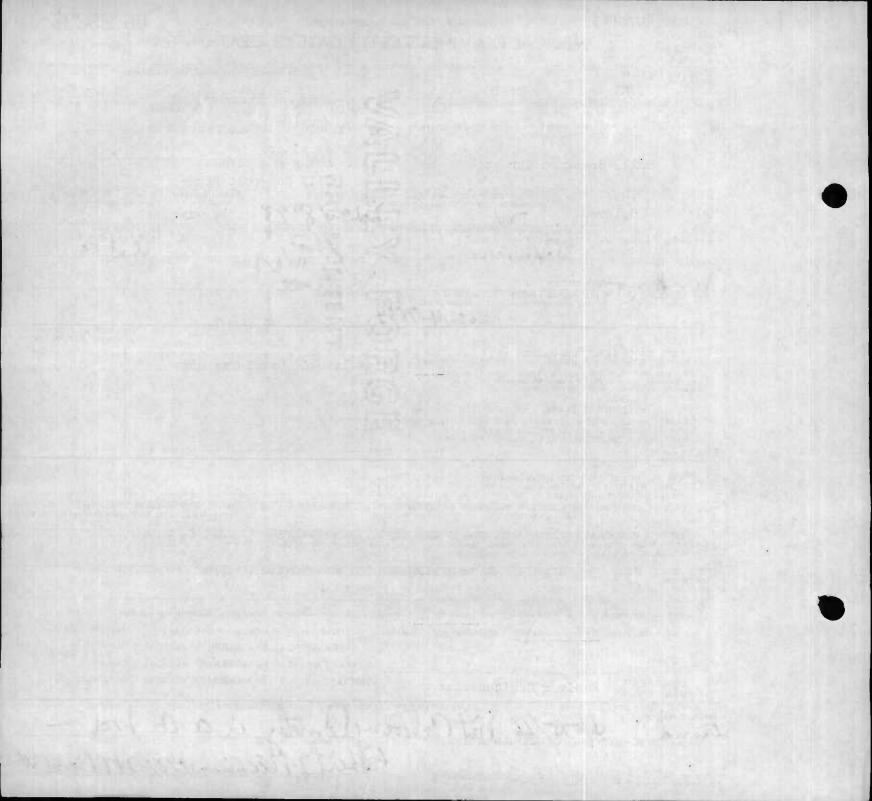
Presenteres is Tuber land

. 5561

John P Brock So 1227 Washington Ber 1

BIRTH	NO.	

BIRTH NO.	WE	DICAL EXAMINER 5 CE	KIIFICAI	E OF L	JEAIN Registe	red Na.		
M.E. CASE NO.								
1. NAME OF DE (Type or Print)	CEASED			2. DATE AND	HOUR PRONOUNCE	ED DEAD		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YORK	PRICE		Septe	ember 12, 19	12:10 P M.		
3. PLACE IN BAL	TIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If insti B. COU	tution: residence befare admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO	SPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	yland N (M outside timore	e corporate limits, write	RURAL and give township)		
0	1113 Somer	set Street	D. STREET ADDR	ESS (If rurol,		0-01		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF SIRTH		set Street	If Under 1 Yr. If Under 24 Hrs.		
Male	Colored	WIDO WED, DIVORCED (specify)	Wal3-18	2093	9. AGE (In years last birthday) 72 yrs.	Months, Doys, Hours, Min.		
	UPATION (Give kind of working life, even if retii	WORK TOR KIND OF BUSINESS OR INDUSTRY	7/	tote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NA	ME	1 perco	14. MOTHER'S MA			100,00		
7 6			1. L					
	ED EVER IN U.S. AR		17. INFORMANT	non		ADDRESS		
18.	5.1	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION	DIRECTLY				Olisal Alla Saliti		
	LEADING TO DE	ATH Arter	iosclerot	ic Card	liovascular			
(This does heart failure injury ar co	(This does not mean the made of dying, e.g., heart foilure, astherio, etc. It means the disease. injury or complication which coused death.) Disease							
	ANTECENDENT CAUSES							
	OR CONDITIONS,	(B)						
RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	NG CONDITION LA	(C)						
<u> </u>	- 1							
O THE	NIFICANT CONDITIO	ONS CONTRIBUTING RELATED TO THE						
19A. DATE O		CONDITION FOR WHICH OPERATION	20A. AUTOPSY?	Yes or No)	20B, IF YES, WERE FIL	NDINGS CONSIDERED		
5		PERFORMED			IN CERTIFYING CAU			
ZIA. EXTERNA	AL CAUSE WAS	21B. PLACE OF INJURY (e.g., is	n ar obout 21C. W	NO HERE DID	If in Boltimore City, gi	ve exoct lacation)		
UTING CA	OR CONTRIB-	home, farm, factory, street, af	ffice bldg., INJURY	OCCUR?				
21D TIME	(Month) (Doy)	(Yeor) (Hour) 21E. INJURY OCCURRED	21 F. H C	M DID INTE	RY OCCUR?			
(APPROX.)								
22. I ce								
resu	resulted fram: Natural causes X Accident Suicide Hamloide Undetermined manner							
	CHIEF MEDICAL EXAMINER							
	ACTUAL SIGNATURE DATE SIGNED ACTUAL MCD. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
EXAMI	NER'S Rudi		ASSOCIATE M			9/12/66		
23A. BURIAL CRI REMOVAL (Speci		23C. NAME OF CEMPTERY OF	CREMATORY	relex	a a C	town, or county) (Stote)		
24A. DATE RECE	BY HEALTH DEPT.	248, NAME OF REGISTRAR	TO FUNERA	AL DIRECTOR	- 01	ADDRESS.		
er	D 1 5 1000	DO RP FORMER	when	VVVE	ham 17	0/-3/7/30ref 8		



a hospital and

3. F		TONIO THIN BALTIMORE MA	VIA ALBERT WOOD	WOOD 10 Sel	tember 1966	10:10 A	
F	FULL NAME OF (If not in hospital or institution, give street hospital OR oddress or location) Anderson Nursing Home Liberty Heights & Mohawk			Maryland. C. CITY OR TOWN (If outs			
0				D. STREET ADDRESS (If r			
	emale	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify WIDOWED)	Mar. 10 1878	ost birthday) ^	If Under 1 Yr. If Under 24 Aonths Doys Hours M	
10A. USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if relired) HOUSCWIIC		PATION (Give kind of work vocking life, even if retired) I C	10B, KIND OF BUSINESS OR INDU	New York City		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM		l	.ul	14. MOTHER'S MAIDEN NAME		
		E. Albert		Antonia E. A	Albert		
15. Yes	Wos Deceased s, no or unknown)	Ever in U. S. Armed For (II yes, give war or date	s of service) SECURITY NO.	17. INFORMANT		ADDRESS	
	no	-		89 Mrs. Margaret	t W. Nolley	(Daughter)	
	1B. 4-2	2/1		SE OF DEATH	Ì	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Uren			remia.	ກ ຳ ສ		
	(This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES (B) DUE TO			erotic cardiovascul	ar disease	10 years	
11							
z	DISEASES O	R CONDITIONS, if obave cause (A) CONDITION last.	any, giving stating the (C)		\$ \$6.000 to \$100 \$ \$100 to \$100 \$100 \$200 \$200 \$200 \$200 \$200 \$200		
ATION	DISEASES O	R CONDITIONS, if obave cause (A)	any, giving staling the (C) ONTRIBUTING TED TO THE		\$ \$6.000 to \$100 \$ \$100 to \$100 \$100 \$200 \$200 \$200 \$200 \$200 \$200		
ATIO	DISEASES O iise to lhe UNDERLYING OTHER SIGNII TO THE DE DISEASE OR	R CONDITIONS, if obave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION		208. IF YES, WERE FIN		
CAL CERTIFICATIO	OTHER SIGNII TO THE DI DISEASE OR 19A-DATE OF 21A-A CCIDEN OR CONTRIBU DEATH OSSIL	R CONDITIONS, if obave cause (A) CONDITION last. I CONDITION last. FIGANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED	
ICAL CERTIFICATIO	OTHER SIGNII TO THE DI DISEASE OR 19A-DATE OF 21A-A CCIDEN OR CONTRIBU DEATH (GOLD) 21D-TIME	R CONDITIONS, if obave cause (A) obave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF DIRECT CAU	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, factory, streetc.) While At Not	20 A. AUTOPSY? (Yes or No) No e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUSE (II in Baltimore Cause) JRY OCCUR?	IDINGS CONSIDERED ES OF DEATH? EXXXX	
MEDICAL CERTIFICATIO	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (AGIVE) 21D. TIME OF INJURY (APPROXIME)	R CONDITIONS, if obave cause (A) CONDITION last. I CONDITION last. I CONDITION last. I CONDITION CAUSING I CONDITION CAUSING I CAUSING I CONDITION CAUSING CAUSE OF DEGLICOLOR CAUSE OF CAUSE C	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, factory, streetc.) While At Not	e.g., in or obout 21C. WHERE DID et, office bldg., INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUSE (II in Baltimore Cause) JRY OCCUR?	IDINGS CONSIDERED ES OF DEATH? EXXX City, give exact locotion)	
MEDICAL CERTIFICATIO	DISEASES OF STATE OF THE PROPERTY OF THE DESTRUCTION OF CONTRIBUTION OF CONTRI	R CONDITIONS, if obave cause (A) obave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF DEGLICOL EXAMINED (Month) (Doy) (Year)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, factory, streetc.) ********** (Hour) 21E. INJURY (While At Not Work At the deceased from d alive on September.	20A. AUTOPSY? (Yes or No) No e.g., in or obout 21C. WHERE DID et, office bldg., INJURY OCCUR? 21F. HOW DID INJU While	208. IF YES, WERE FIN IN CERTIFYING CAUSE (II in Boltimore Course) JRY OCCUR?	IDINGS CONSIDERED ES OF DEATH? ***** City, give exoct locofion?	
MEDICAL CERTIFICATIO	DISEASES OF STATE OF THE PROPERTY OF THE DESTRUCTION OF CONTRIBUTION OF CONTRI	R CONDITIONS, if obave cause (A) obave cause (A) CONDITION last. II CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACION DITION CAUSING TOWN WAS PERFORMED CAUSE OF DECICLE CONDITIONS (Month) (Doy) (Year) That (1) (**********************************	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, factory, streetc.) ********** (Hour) 21E. INJURY (While At Not Work At the deceased from d alive on September.	20A. AUTOPSY? (Yes or No) No e.g., in or obout 21C. WHERE DID et, office bldg., INJURY OCCUR? 21F. HOW DID INJU While 1 7 19 66 and the	20B. IF YES, WERE FIN IN CERTIFYING CAUS: (II in Baltimore Court of the court of t	IDINGS CONSIDERED ES OF DEATH? ***** City, give exoct locofion?	
MEDICAL CERTIFICATIO	DISEASES O iise to the UNDERLYING OTHER SIGNII TO THE DE DISEASE OR 19 A. DATE OF ******** 21 A. A CCIDEN OR CONTRIBU DEATH (ngliv 21 D. TIME OF INJURY (APPROXIMATE) 22. I certify that (1) (****) and hour and	R CONDITIONS, if obave cause (A) obave cause (A) (CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACIONATION CAUSING I OPERATION 198. CON WAS PERFORMED CONTROL (Month) (Doy) (Year) That (1) (**********************************	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (home, form, factory, streetc.) While At	20A. AUTOPSY? (Yes or No) No e.g., in or obout 21C. WHERE DID et, office bldg., INJURY OCCUR? 21F. HOW DID INJU While 17 19 66 and the Writew the bady after death. Attending A Med. Phys. 23D. ADDRESS 1011 Nor	20B. IF YES, WERE FIN IN CERTIFYING CAUSE (II in Baltimore Court of the court of t	DINGS CONSIDERED ES OF DEATH? **** City, give exoct locotion) **** Ton death accurred on the 3B. DATE SIGNED 10 Sept. 1966	

ine. Ine. 21212 Mitchell Wiedefeld Home 6500 York Rd. Balte. 2

VS 150-REV. 1/1/65

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a hospital and

BIRTH NO. M.E. CASE NO. 66 09305	CERTIFICA	TE OF DEATH	Registered Na.	66 09305			
1. NAME OF DECEASED	TO STATE OF A SECOND		ND HOUR OF DEATH				
WALL ST		9	9/10/66	3:10 AM			
FULL NAME OF (If not in haspital or HOSPITAL OR address or location)	institutian, give street	Md.	NTY	RURAL and give tawnship)			
The Johns Hopl	kins Høspt.		frural, give lacation the Street				
Male White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Single	1/26/86	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
dane during most of working life, even il retired) Attorney	B, KIND OF BUSINESS OR INDUSTRY	Baltimere	eign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
Joseph T. Sing	7 16. SOCIAL	Magdelena	Dreyer	ADDRESS			
(Yes, na ar unknawn) (II yes, give war ar dates	- SECURITY NO. 219-01-63		in Singewa	ald (Bro.)			
DISEASE OR CONDITION DIRECT LEADING TO DEATH	IA AB	DIAS ARR	EST	INTERVAL BETWEEN ONSET AND DEATH			
heorl failure, asthenia, etc. It means the injury or complication which caused do ANTECEDENT CAUSES	e disease,	VOCHBDIAL	INTHR	Person 3 MAS			
DISEASES OR CONDITIONS, if on tise Ia the above couse (A) s UNDERLYING CONDITION last.	y, giving	VILLOUS J	ADENOHA	6 Whs			
OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE						
OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITIONS COID WAS PERFOUNDED.		20 A. AUTOPSY? (Yes ar N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B, PLACE OF INJURY (e.g., i hame, farm, lactary, street, a etc.)	n ar about 21 C. WHERE DID lfice bldg., INJURY OCCUR?	(11 in Baltimar	e City, give exact lacation)			
	OF INJURY						
22. I certify that (I) (this haspital) attended the deceased fram TEPT 1 1966 to SEPT 10 1966 that (I) (with last saw the deceased alive an TEPT 10 1966 and that in (my) (aur) apinian death accurred an the data							
and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S	rendeld M.D. Att	ending Med.	Staff Phys.	238. DATE SIGNED			
A.P.Weinfiel 24A. BURIAL CREMATION, 24B. DATE	M.D.		pkins Hosp				
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)			
0.77	6 Baltimore Cem	25C. FUNERAL DIRECTO	City iedefeld H	ome, Inc.			
SEP 16 19661 (1)	Sob E Adoley MAO	6500 York	Rd. 21212	ome, Inc.			

VS 150-REV. 1/1/65

to death.

prior

	36 66 09306	BALTIMO	ALTH DEPARTMENT		00 00000
	H NO.	CERTIFICA	TE OF DEATH	Registered No	.66 09306
1. N	. CASE NO. AME OF DECEASED		2. DATE AND	HOUR OF DEATH	~~
(Тур	e or Print) Moody - Van	Brant	9/1	3/66	5 10200
3. P	LACE OF DEATH IN BALTIMORE MARYLAND	4	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Υ	tution: residence before admission)
F	ULL NAME OF (If not in hospital or institut	ion, give sheet	Md	Baltim	ore
1	OSPITAL OR oddress or location)		C. CITY OR TOWN Ill outs	ide city limits, write RU	RAL and give township)
1	0 111	, ,,	Essex (21)	a Salamo	53-00
4	940 Eastern Avenue, Baltin	pore, Mary Land		Marly!	Ave 21221
5. S	WITTE	NEON NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
	Male White	THEO, OH TROLO (Specify	9-29-96	70	
	USUAL OCCUPATION (Give kind of work 10 B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country/	12. CITIZEN OF WHAT COUNTRY?
_		nty Government	Mal		115A
	FATHER'S NAME	0, 00 102 10,010	14. MOTHER'S MAIDEN NAM	E	V/-
	Harry Moody		1	vane h	
	Nas Deceosed Ever in U. S. Amned Forces? ,no or unknown) ill yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	Records:BCH		ADDRESS
	No	218-14-9146	73 1 2 1 1	Eastern Ave	nue 21224
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heat failure, asthenia, etc. It means the dise injury ar complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION lost.	(B)	Myo cardia	Infarel.	INTERVAL BETWEEN ONSET AND DEATH
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
WEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION TO THE CONTROL OF T	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20 A. AUTOPSY? fYes or No.	20 B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While Al Not While Work Al Work		RY OCCUR?	
	22. I certify that (1) (this hospital) attend that (1) (we) last sow the deceased alive and hour and from the causes stated above	on 9/13/56	19 6 6 ond tha		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made. death (except where the physician who pronounced was D.O.A. at a hospital

FUNERAL DIRECTOR: IMPORTANT

25A. DATE REC'D BY HEALTH DEPT.

ANN DATE

9/17/66

24C. NAME of CEMETERY of CREMATORY Meadowridge Memorial 258 NAME OF REGISTRAR

Attending Phys.

M.D.

23D. ADDRESS 4940

Howard

Eastern Avenue, Baltimore

23 B. DATE SIGNED

town, or countyly

,Maryland

ADDRESS

0

Park

24D. LOCATION

01

Stolf Phys.

Med. Director

Eastern Ave. mes

VS 150-REV. 1/1/65

23A. SIGNATURE

23 C. PHYSICIAN'S NAME Sype)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

BIRTH NO. M.E. CASE N 1, NAME OF		CERTIFICA	ATE OF DEATH	Registered No	00 00007
(Type at Print)		Ernest			5 3:35 A.
FULL NAA	N Veterans Admi 3900 Loch Rav	or institution, give sheet nistration Hospital en Boulevard	Maryland C. CITY OR TOWN (If out: ESSEX (21) D. STREET ADDRESS (If r	Baltimore side city limits, write RU ural, give lacation)	tution: residence before admission
5. SEX	Baltimore, Ma	ryland 21218 7. Married, Never Married	15 Pelczar Ave		If Hades 1 Va If Hades 24 Hav
Male	Caucasian	MIDOWED DIVORCED (specify)	6-3-18	ast birthday)	If Under 1 Yr. If Under 24 His Manth's Days Haurs Min.
	st af warking life, even if retired) P	Self-employed	Y 11. BIRTHPLACE (State or foreign Maryland 14. MOTHERS MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY? U. S. A.
	m Edward Russel	1	Marie Schlot		
5. Wos Dece	ased Ever in U. S. Armed Far	ces? 16. SOCIAL	17. INFORMANT Records		ADDRESS
Yes, no of unk	6-7-44 to 1-		V. A. Hospital,		Md. 21218
DISEASE rise to UNDERL	LEADING TO DEATH es not mean the mode of ure, osthenio, etc. It meons complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if the above couse (A) YING CONDITION last. IGNIFICANT CONDITIONS CAUSE E DEATH BUT NOT RELA	dying, e.g., Ihe discose, dealh.) (B) DUE TO any, giving slaling the (C)	yema of left & ri	logy undtermi	
	OR CONDITION CAUSING	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No.	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner	21B, PLACE OF INJURY (e.g., home, farm, foctary, stieet, etc.)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore (City, give exact lacation)
21 D. TIM OF INJUI	RY	(Haut) 21E, INJURY OCCURRED While AI No! While At Wark	21F. HOW DID INJU	URY OCCUR?	
that (X)	we) last saw the decease	l) attended the deceased from State of alive on September 13, ted above. (X(We) (did) (XXXX)	19 66 and the		nber 13, 19 66 an death accurred on the da
23A. SIGN	ATURE WAS S-	1 mm	ttending Med. Director	Staff Phys.	9/13/66
Burial	JAMES S. LOUIE CREMATION, 24B. DATE AL (Specify)	24C. NAME OF CEMETERY OF CO. Baltimore Nation [258, NAME OF REGISTRAR	REMATORY 24D. LC		21218 I dawn, or county) (State) ryland ADDRESS
VS 150-PEV	19660 ()	Section 1	Bruzdzinski i	ward Home	1407 Eastern Ave.

BALTIMORE CITY HEALTH DEPARTMENT

66 09307

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9 47	H NO. 66 09308 BALTIMORE CERTIFI	CATE OF DEATH Registered No.	66 093
(Тур	AME OF DECEASED PENNINGTON, BABY BOY	V	2:00
F	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION Member 1 M	A. USUAL RESIDENCE (Where deceosed lived, If inst A. STATE B. COUNTY C. CITY OR DWN (If outside city limits, write RU D. STREET ADDRESS (If tyol, give acotion)	70
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDLE during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
	FATHERS NAME Clendo Permination	14. MOTHERS MAIDEN NAME Mildred Am 1	Free
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? in o or unknown! (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	T 41 A	SE OF DEATH ASPIRATION PNEUMONIA	INTERVAL BETWE
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	**************************************	*****************************
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	molvitie Anemia meliculinemia 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FILL 101 CERTIFYING CAU	NDINGS CONSIDERED
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 121B. PLACE OF INJURY home, form, foctory, stre	me filiput (nemia 20A. AUTOPSY? (Yes or No) 10 CERTIFYING CAU:	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FILIN CERTIFYING CAU: (e.g., in or obout 21C. WHERE DID (If in Boltimore elet, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	City, give exact locotion)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FII IN CERTIFYING CAU: 10	City, give exact locotion)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Work AI 22. I certify that (H) (this hospital) attended the deceased from that (we) lost saw the deceased olive on and hour and fram the couses stoted above. (H) (We) (did) (H) 23AL SIGNATURE M.D.	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FII IN CERTIFYING CAU: 10	Dewlet 15,19 ion deoth occurred an 23B. DATE SIGNED 9-15-66
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Work Not All 22. I certify that (H) (this hospital) attended the deceased from that (We) lost saw the deceased olive on and hour and fram the couses stated above. (Me) (did) (Hour) 23C. Physician's Name (Type) HECTOR L. RODR GUEZ,	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FII IN CERTIFYING CAU: 10	City, give exact locofion) Dewlet 15,19 ion deoth occurred an
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While A1 Not Work A1 22. I certify that (H) (this hospital) attended the deceased from that (we) lost saw the deceased olive on and hour and fram the couses stated above. (H) (We) (did) (H) 23C. PHYSICIAN'S NAME (Type) HECTOR U. RODR GUEZ, HECTOR L. RODR GUEZ,	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FILIN CERTIFYING CAUSING CAUSING COUR? (e.g., in or obout 21C. WHERE DID cet, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Work 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Attending Med. ond that in (my) (aur) opinions of the phys. 23D. ADDRESS THE UNION MEMORIA M.D. Unin Memoria Ingurer CREMATORY 24D. LOCATION (CREMATORY)	Dewlet 15,19 ion deoth occurred an 123B. DATE SIGNED G-15-66 LLHOSPITAL



66 U9309 BALTIMORE CITY	THEALTH DEPARTMENT
MRTH NO. CERTIFICA	TE OF DEATH Registered No. 66 09305
TYPE OF PARTIE CATHERINE D. BR	own 9-13-1966 11.A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RDRA) and give townships
INSTITUTION	BALTIMONE 19-02
1517 W. LEDINGTON ST	D. STREET ADDRESS (If rurol, give location) 1817 CV KENINGTON ST
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	WHAT_COUNTRY?
HOME MAKER ATHOMS	MALTOMD YSH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRUND SHIPLEY	17. INBORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (It yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Leray Sm, TH ISIL WLEDING TON ST
4200	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriosclorotic Cardio 8 months
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	eriosclorotic Cardio 8 months cular Disease
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) slating the (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE NOTE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF OF ACTION OF ACTION	in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	
22. I certify that (1) (this hospital) attended the deceased from	une 2, 1966 to September 13, 1966
that (I) (we) lost sow the deceased alive on September 1	3_{s} 19 66 ond that in(my) (our) opinion death occurred on the dat
and hour and fram the couses stated obove. (1) (We) (did) (did not)	
23A, SIGNATURE	23 B. DATE SIGNED
Phy	27 27 00
23C. PHYSICIANS NAME (Tyge) Reling M.D. M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	420 IV SILINOI DOLEGO
Brund 9/16/66 NA BUBU	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRESS
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VS 150-REV. 1/1/65	7 2 1

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7.6	00 000	240	BALTIMORE CITY	HEALTH DEPARTMENT		00 00010
RTH NO.	66 09	310	CERTIFICA	TE OF DEATH	Registered No	66_09310_
NAME OF DE					AND HOUR OF DEAT	TH .
ype or Print)		DINE	L HVDT	0./	13/66	
PLACE OF D	CATHE	RYLAND	THART	4. USUAL RESIDENCE (V	here deceased lived. If	institution: residence before admissi
				Md.	UNTY	
FULL NAME			give street		outside city limits, writ	THE RESERVE OF THE PARTY OF THE
INSTITUTION			C, CITT OR IOWN	outside city limits, with	e RURAL and give lownship)	
)				D. STREET ADDRESS	(If rural, give lacotion)	, 00
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F		WIDOWED	, DIVORCED (specify)		lost birthdoy)	Manths Days Hours Mir
	W		rried	10/10/05 11. BIRTHPLACE (State or f	60	12. CITIZEN OF
	of working life, even if retired)	KIND OF	POSINESS OF IMPOSIKI	II. BIRTHPLACE (Sigle of I	oreign country)	WHAT COUNTRY?
Δ	t Home			Md.		USA
FATHER'S N.	AME			14. MOTHER'S MAIDEN N	NAME	
h	/illiam Gill			E Contr	uda Dâalaa	- 4
. Was Deceas	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	ude Richar	ADDRESS
	wn) (If yes, give war ar dot	es of service)	SECURITY NO.			
No			None	Family re	cords	
18.35	32 X I		CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI		0	1 0 .		
(This does	LEADING TO DEATH		(A) XIL	adraplegia		6mms
	not mean the made of e, asthenio, etc. It means		DUE 109	Tracerel a	Tenia O. Three	merses
injury or c	injury or camplication which caused death.)					
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if any, giving						
rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.						
ONDERLI						
OTHER SIG	III	CONTRIBILITING	3 1 1 1 1 2	<i>(</i> 2)	0 0 10. 0	4
OTHER SIG	INIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO TH	E threvall	newysm. Cere	Iral, Kigh	30
	OF OPERATION 198. COM	NOITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED
19A. DATE	WAS PE	RFORMED			IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIO	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DIE	(If in Boltin	nore City, give exact location)
OR CONTR	IBUTING CAUSE OF	hom etc.		ffice bldg., INJURY OCCUR	?	
)						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Wo	ile At Not While			
22. I certi	fy that (1) (t his hasnite	H) attended t	he deceased from		1957 to 9	1-13 196
	a) last saw the deceas		9-12	1 /		plinian death accurred an the
			\ /W \ / 1. 1\ / 1. 1			spanian addin accorred on the
		ited abave. (I) (#+++) (did) (did not) v	riew the body after deat	h.	Joseph DATE GLOVED
23A. SIGNA	SP	1	44 D AH	anding of Mad -	, Stoff —	23B. DATE SIGNED
W	Densor	L, Sr	M.D. Att		Stoff Phys.	9-14-66
23C. PHYSIC		1		23 D. ADDRESS	1/10-1	
14/4		nson	M.D.	2506 N	Charles C+	
A. BURIAL C	REMATION, 248. DATE	nson.	AME of CEMETERY OF CR	3506 N. J	LOCATION	(City, town, or county) (Sta
REMOVAL	L (Specify)			4.4		
Buria						
	1 9/16	/66 Du	lanev Valle	y Gardens	Balto Co	Md.
SA. DATE REC	1 9/16	766 Du	laney Valle			
A. DATE REC	1 9/16	25B. NAME	laney Valle E Falley			Md. ADDRESS 02 Harford rd.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

If Under 24 Hrs.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

2. DATE AND HOUR OF DEATH I. NAME OF DECEASED

(Type or Print) JOHN W. ENGEL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

M.E. CASE NO.

HOSPITAL OR

13. FATHER'S NAME

15. Was Deceased Ever in U. S. Armed Forces

(Yes, na ar unknown) (If yes, give war ar dates of service)

INSTITUTION

SEPTEMBER 14, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

(If not in haspital or institution, give street FULL NAME OF address or location)

MARYLAND BALTIMORE C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)

ST. AGNES HOSPITAL----DOA

ARBUTUS
D. STREET ADDRESS (If rural, give lacation)

5313 HIGHVIEW ROAD, 21227

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Manths: Doys 9. AGE (In years Haurs DIVORCED (specify) MALE WHILE 6-14-1891

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country dane during most of working life, even if retired BOOKB INDER ALBRECT COMPANY MARYLAND

14. MOTHER'S MAIDEN NAME UNKNOWN

WILLIAM ENGEL

6. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

216-05-1051 MR. HAROLD A. ENGEL 5313 HIGHVIEW ROAD CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, foctary, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location)

OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

(Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY White At (APPROX)

WAS PERFORMED

21 F. HOW DID INJURY OCCUR? Nat While At Wark

23D. ADDRESS

22. I certify that (I) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date

and hour and from the causes stoted obave. (1) (We) (and) (did not) view the body ofter deoth.

23A SIGNATURE 238. DATE SIGNED Attending L M.D. Med. Stoff Phys. Director L Phy s.

GILBERT E. RUDMAN

2517 W. BALTIMORE STREET

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) BURIAL 9-17-66 LUUDON PARK CEMETERY

BALTIMORE.

(City, town, or county) MARYLAND

(State)

25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

that (1) (we) last saw the deceased alive on.

25C. FUNERAL DIRECTOR

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

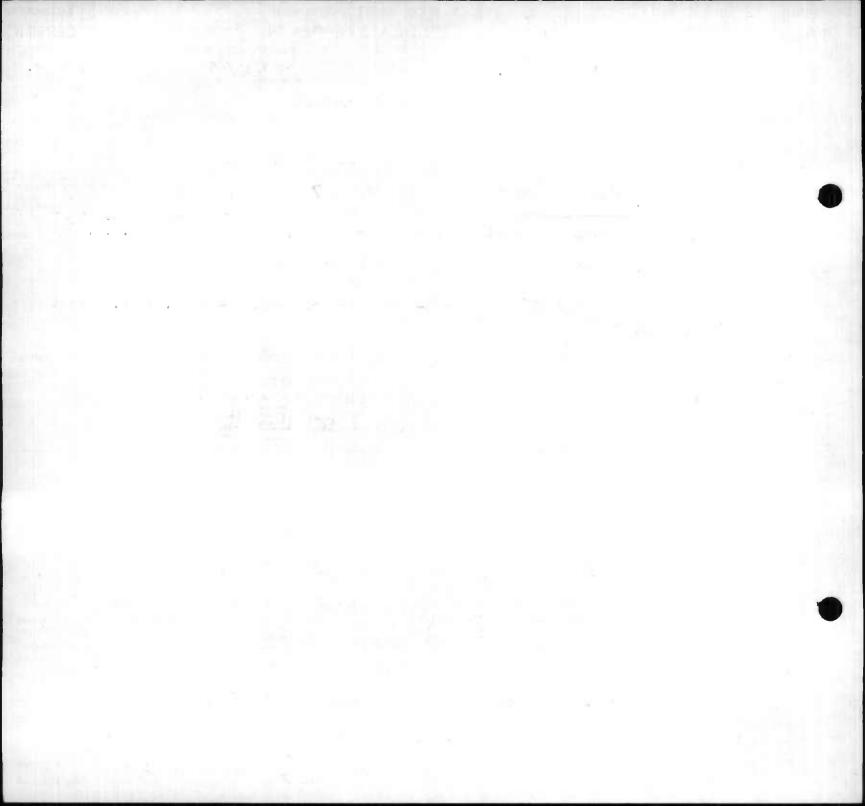
NAME (Type)

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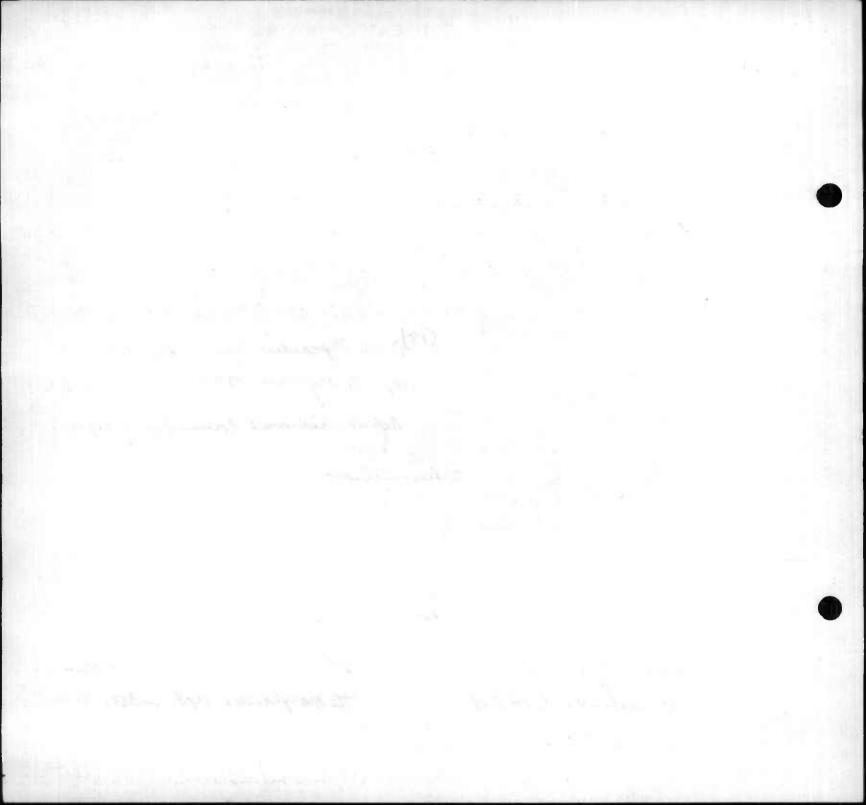
		00 0003	0	BALTIMORE CITY	HEALTH DEPARTMENT		66 09312
100	TH NO.	66 0931	12	CERTIFICA	TE OF DEATH	Registered Na	00 03315
	AME OF DECE	ASED			2 DATE A	ND HOUR OF DEATH	
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2 1		TH IN BALTIMORE MA	Ph a		TA HISHAL BESIDENCE (WA	7 15/66	titution: residence belore odmission)
J. 1	LACE OF DEAT	IN IN BALIMORE, MA	KILAND		A. STATE B. COU	NTY	monon: residence before odinission/
	FULL NAME OF	(If not in hospital	or institutio	n give steet	Maryland		
	HOSPITAL OR	oddress or location	n)	, gove succe		utside city limits, muite Ri	JRAL and give township)
'	NSTITUTION				Baltimore		1001
1	The Ke	eswick Home			D. STREET ADDRESS (1)	rurol, give location)	
	1110 111				411 Croydon		
5. 9	EX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
	Male	White	Marr	VED DIVORCED (specify)	8/21/87	lost by gay years	Months Doys Hours Min.
103	USUAL OCCU	PATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of lor	eian country)	12. CITIZEN OF
		orking lile, even if retired)					WHAT COUNTRY?
Pε	rking Co	ustodian	Sta	dium parking	Baltimore, Ma	ryland	U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	AME	
	Isaac N	. Cooper			Clara Cline		
15.	Woy) Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown)	(If yes, give wor or dote	s of servic	e) SECURITY NO. 215-01-4967	Keswick Reco	rds -700 W.	40th. Street
7	1B. // D	0 / 1		CAUSE OF	DEATH		INTERVAL BETWEEN
/	DISEASE	OR CONDITION DIE	ECTIV			0 1	ONSET AND DEATH
		EADING TO DEATH	CILI	N4 .	I lilagon.	in Landin	30
	(This does not mean the mode of dying, e.g.			(A) Myocardial Interchim		NEGACILIAN	30 Minutes
	heort failure, o	sthenio, etc. It meons	the diseo		1 0	De scas	e)
	injury or comp	olication which caused	death.)	AL	aclark ("	I was les	5 1.00
	A	NTECEDENT CAUSES		DUE TO	ALOSCIENO ICE CON	COLONASON	73
	DISEASES OF	R CONDITIONS, if	any, givi		1-1 1	10.1.	17
		abave couse (A)	stoling	lhe (C)	eunatord For	TKUAZ	वेद पाड
	UNDERLYING	CONDITION loss.					,
		- 11					
O		CANT CONDITIONS					
AT		ATH BUT NOT RELA		THE			
CERTIFICATION	19A. DATE OF			R WHICH OPERATION	20 A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
E	6	WAS PER	FORMED			IN CERTIFYING CAU	ISES OF DEATH?
3	21 A. ACCIDEN	T WAS UNDERLYING	1	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Boltimore	City, give exoct locotion)
7	OR CONTRIBUT	TING CAUSE OF medical examiner	1	home, lorm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
MEDICAL							
8	21 D. TIME OF INJURY	(Month) (Doy) (Year)		21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
>	(APPROX.)			While At Work At Work			
	22 1 16				00+ 23	10/-1	d 100 de 2
				d the deceased fram			So pt 19 6 6
	that (I) (we) I	last saw the decease	ed alive a	n 15 5 pt	19 6 0 and t	hat in (my) (aur) apin	ian death accurred an the date
	and haur and	fram the causes sta	ted abave	(I) (We) (did) (did not) v	iew the bady after death.		
	23A. SIGNATUR		\wedge				23B. DATE SIGNED
	()	1	1	M.D. Atte	nding Med.	Stoff	175 2 1900
	lu	Rue C. 1	Tikes	Phy:	s. Director	Phys	17 261 1160
	23C. PHYSICIAN	nel			23D. ADDRESS	6 1 1	(
	Aul	brey D.Richa	ardson	n M.D.	700 w. 40"	St Kather	New My 51511
24/	BURIAL CREA	AATION, 248. DATE	1240	NAME of CEMETERY OF CRE	, , , ,	LOCATION LCH	r town, or county) (Stote)
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	12).	9-11	66	Loudon 6	1101	10.5	
25/	DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	250 FUNERAL DIRECTO	P	ADDRESS



attendance on the

			Y HEALTH DEPARTMENT 66 09313
- 11		TH NO. $66~09313$ CERTIFICA	ATE OF DEATH Registered No.
11	1. N	E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Туј	PLACE OF DEATH IN BALTIMORE, MARYLANDO JANSKI	9-12-66, 6 FOM
	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased tived, II institution: residence before admissing. A. STATE B. COUNTY
		FULL NAME OF (If not in hospital or institution, give street	MARYLAND
		HOSPITAL OR Oddress or location) BEIVEDERE NURSING	C. CITY OR TOWN (If outside city timits, write RURAL and gray township
H	1	DEIVEDERE HURSING	D. STREET ADDRESS (If rural, give location)
	1	Home	2525 W. BELVEDERE AVE,
	5. \$	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Min
	1	YIALE WHITE WIDONED	10-8-1895 70
		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		LABORER FISHER BODY	MARYLAND U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	MICHAEL HYBRZYNSKI Was Decased Ever in U. S. Armed Forces? 16. SOCIAL	ANASTASIA NOWAK
	(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT
	1	YES WWI 216-10-0286	21 HRISTIAN OCHOBERLEIN 3921 JORKWOODI
5		DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
5		LEADING TO DEATH	cute myscardial offerction 8-28-66.
		(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	0/4/4
			aute myourhal Infantin 9-12-66
		ANTECEDENT CAUSES (B) DUE TO	
		(6)	Jens - pelias 2 Consul - 1-2 years.
		UNDERLYING CONDITION last.	
	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0
	ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eleidio
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Boltimore City, give exact location)
	CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
	03	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	2	(APPROX.) While At Not Wh	ille 🗌
		22. I certify that (1) (this haspital) attended the deceased fram	
		that (I) (we) lost saw the deceased olive an 9-12-	19 6 c and that in(my) (aur) apinion deoth accurred an the

and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director 23 D. ADDRESS CREMATORY DEPT. 25A. DATE V\$ 150-REV. 1/1/65



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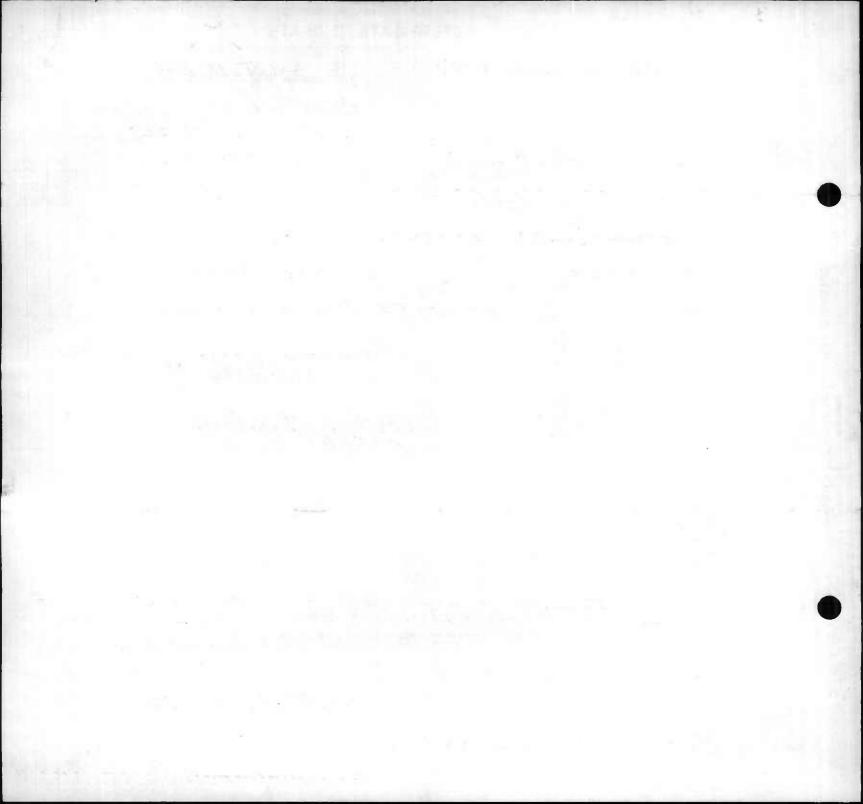
hospital

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ng cause of death cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 66 09314 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) HOOD USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (If outside city limits, write RURAL township) D. STREET ADDRESS low Cleve 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. WIDOWED. DIVORCED (specify) lost birthdoy Hours IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL 17. INFORMANT SECURITY NO. 6454 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) OF INJURY (Hour) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Not While While At (APPROX.) At Work Wark 22. I certify that (I) (this hospital) attended the deceased from 9 66 ond that in(my) (aur) opinian death occurred on the dote that (I) (we) lost sow the deceased alive on... ond hour ond from the couses stoted above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. Phys. Director Phys. approval 23C. PHYSICIANS NAME Hype) 23D. ADDRESS M.D. ROSEN 24A. BURIAL CREMATION, (City, tawn, ar county) 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65



-	1	C)(; and (6) No physician was in regular attendance on the deceased prior to death. Such	
Topic me tille meatral examiner of his assistant accurred in a mosbilat and	he hospital by a medical examiner. Also, if the direct or contributing cause of death	in accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	xcept where the physician who pronounced death was in regular attendance on the	Such	
3	of	Dece	e 01	ath.	
2	USe	; (5)	danc	de	
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2	Spit	ture	* *	N 9	ed k
0	e ho	y na	xcep) Pu	btained before the remains are embalmed or final disposition is made.
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2	was released to th	o tue	A. at a hospital (e)	eath)	pproval must be of
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מלאם מר וכסוו מוחיו	as re	In ac	at a	rior	Prove
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BALTIMORE CITY HEALTH DEPARTMENT 66 09315 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MA USUAL RESIDENCE Where deceased lived. If Institution: residence before admission B. COUNTY CAN (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give townsh INSTITUTION MEMORIAL HOSpital rurol, give location MOLAS 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthdoy MALE MAKRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BACTO. CIT IKEMAN 13. FATHER'S NAME MAIDEN NAMI 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no or unknown) (If yes, give wor or dotes of service) SAME CAUSE OF DEATH 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$ 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 66 to 05 DTEMBER 13196 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on SEPTEMBER 13, 19 66 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1)(We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SLGNED Attending Phys. Med. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS JAMES M.D 24A. BURIAL CREMATION, 24B. DATE the body v shows: (1) was D.O.A deceased written ap 24C. NAME of CEMETERY of CREMATORY (City, Yown, or county) (Stote) REMOVAL (Specily) BALTIMORE CEMETERY SURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS UNERAL HOME VS 150-REV. 1/1/65

JALES M. CA TY, JI.

CC 0004C	BALTIMORE CITY	HEALTH DEPARTMENT		66 09316
BIRTH NO. 66 09316	CERTIFICA	TE OF DEATH	Registered Na	-0010
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Adamson, Stella	7	9/1	3/66 /00	100 M.
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If inst	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)	# 21224	C. CITY OR TOWN (If out	side city limits, write Ry	RAL and give townshipt
Baltimore City 4940 Eastern Ave. Baltimore, N		D. STREET ADDRESS (IF	utol, give location)	7-6
		416 5.	Lehigh	O / # 21224
Female White 7. MARRIED, N. WIDOWED	DIVORCED (specify)	5-19-08	ost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		West VI	rginia	USA
13. FATHER'S NAME				
Franck MULLINS	5	ALICE M	ULLINS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	BCH RECORDS: 49	940 Eastern	Ave. Baltimore, Md.
NO		Charl		# 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)	reumonia		2 days
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	ACUMONIA Bronchial Astro Chronic Obstructionic Bronchise Bronchisectusis	tive fum D.	s s
injury or complication which caused death.) ANTECEDENT CAUSES	(B)	hopic Brone	hitis	
DISEASES OR CONDITIONS, if ony, giving	DUE TO E	Branchiectusis		
use to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)		MA NOO OO NA NOO OO AMMO OO OO OMAN OO OO OO OO	***************************************
_ 11	Polyarteri	tis Nowlosa Colitis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Vicerative	Celitis		
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner) etc.)	LACE OF INJURY (e.g., in form, foctory, street, off	or obout TC. WHERE DID		City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hous) 21E, I	NJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
OF INJURY (APPROX.) While				
22. 1 certify that (I) (this hospital) attended the		Kept 1	9 6 6 10 M	est 19 1966.
that (I) (we) last saw the deceased alive an		7		an death accurred an the date
and havr and fram the causes stated above. 🕼	_ /			
23A. SIGNATURE		<u></u>		23B, DATE SIGNED
Mary ann Sulliva	Phys	Med. Director 3D. ADDRESS	Stoff Phys.	9/13/66
NAME (Type)	M.D.	Broltimor.	e city	Hos a to los
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY OF CRE	MATORY 240. LC	Ave Baltimo	town, of county) (Stote)
BURIAL 000 9/16/66 CEI	DAR HILL O	CEMETERY J	BROOKLYN	m
25A. DATE REC'D & HEALTH DEPT 96625B NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS 150 PEV 1/1/45	- , TOWNER, MAR	ULLRICH FO	INERAL HOM	E DUNDALK MD
VS 150-REV. 1/1/65				

NELLINS

JELEE FILLERY

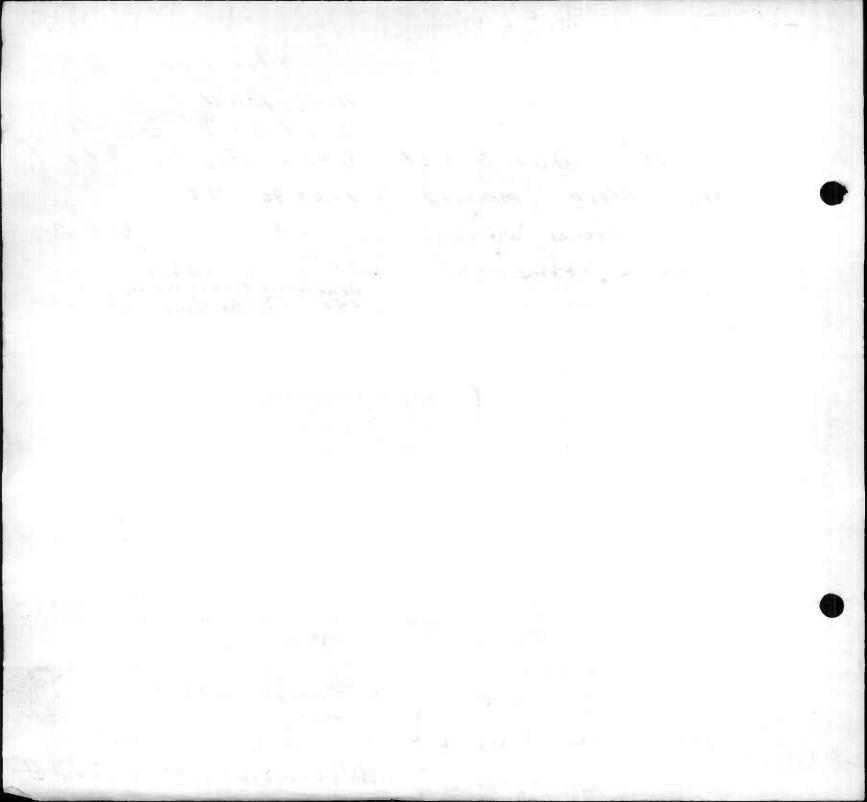
THERE ECONS HILL CONSERVE PARTERS FOR LEFERS FERENCE DENTAL PROPERTY

25A, DATE REC'D

	BALTIMORE CITY HEALTH DEPARTMENT						
		н но. 66 09317	CERTIFICA	TE OF DEATH	Registered No.	66 09317	
	1. N.	CASE NO. AME OF DECEASED e or Print)		2. DATE AND	HOUR OF PEATH	1/150	
	Пур	Lewis. Gent	n de	9/1	14/66	112 P. M.	
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. It institut	tion: residence before admission)	
		ULL NAME OF ((f not in hospital or institu	tion, give street	many/a	nd		
		NSTITUTION DUKE land	hunsing		ide city limits, write RURA	L and give township)	
		Home	,		oral, give location)	16	
5	90	1501 Duk	pland st.	9395.	Bay 1:5	Stappt	
5	5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthday Mo	Under 1 Yr. If Under 24 Hrs.	
2	104	USUAL OCCUPATION Give kind of work 10B, KIN	DAME, PO	11. BIRTHPLACE (State or foreign	o sousted	CITIZEN OF	
5		during most of working life, yen if retired)	A CONTROL OF THE COSTAL	1/A	in country/	WHAT COUNTRY?	
	12 .	FATHER'S NAME	offer-	The address and Debt Man		U.S.A.	
2	13.1	A CONTRACTOR OF THE PROPERTY O		14. MOTHERS MAIDEN NAM	100		
2	15.3	Julius John	on	Lerbrua	e forms	Lon	
5	(Yes	Mas Deceased Ever in U.S. Armed Forces?	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT/4nd	nufsing	Home	
				1501 Du	the hand	Stipet	
5		18.44 4 3 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e 11	detile time			
		(This does not mean the mode of dying,	e.g., DUE TO	RONIC MYDE	PHKDITIS	•••••••••••••••••	
3		heart foilure, asthenia, etc. It means the dis injury or camplication which coused death.)					
		ANTECEDENT CAUSES	(B) /t YP é	RTENSIVE CARDIO	YASCULAR		
D		DISEASES OR CONDITIONS, if ony, g	win a				
0		rise to the above cause (A) stoting UNDERLYING CONDITION last.	the (C)	ERTENSIVE ENC	EPHALOPATHY		
5		11 /					
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO					
D	AT	DISEASE OR CONDITION CAUSING IT.		100 A 01 N	000		
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?	
5	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID	(It in Boltimore Cit	y, give exact location)	
9	CA	DEATH (notify medical examiner)	etc.)	ance stage, mas at a cook.			
3	1 44 1	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	2	(APPROX)	While At Work Not White At Work				
20		22. I certify that (I) (this hospital) attend		8-30 1	9 66 to	9-14 1966.	
0	1	that (I) (we) lost saw the deceased alive	on 9-1	4 19 66 and the	t in(my) (our) apinion	death occurred on the date	
-		and haur ond from the causes stated abo	ve. (1) (We) (did) (did nat) v	view the bady after death.			
2		23A. SIGNATURE				DATE SIGNED	
5		Thomas w. Horri	Phy	s. Director L	Stoff Phys.	9-45-66	
		23C. PHYSICIANS NAME (Type) THOMAS W. H		23D. ADDRESS , & 2 4 W	FRANKLIN	57.	
2		THOMAS W. H	ARRIS M.D.				
3	24A	REMOVAL (Specify) 248. DATE	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION ACITY, 1	own, or county) (State)	

OF

ADDRESS





66 09319 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE	OF	DEATH	Registered No.	_66_	0931

	E CASE NO.	CATE OF DEATH Registered No.
1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission
J. 1	PLACE OF DEATH IN BALLIMORE MARILLAND	A. STATE B. COUNTY
	FULL NAME OF (If nat in haspitol or institution, give street HOSPITAL OR oddress or location)	me.
	INSTITUTION	C. CITY OR TOWN (It autside city limits, write RURAL and give tawnship)
31	RAL CL Horntruls 2122	D. STREET ADDRESS (If rusal, give Jocotion)
4	,940 Hastern Avenue, Baltimore, Maryland	2231 N. Colleyton Avenue 21231
5, 5	SEX 6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE in years If Under 1 Yr., If Under 24 Hr
4	female white ardin	6/3/75 91
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1011	More now	Ireland 3
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jamel Casey	Wargaut lagradon
5.	Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT ADDRESS
16:	s, no or unknown) (It yes, give wor or dotes of service) SECURITY NO.	RECORDS: BCH 4940 Eastern Avenue 21224
		F OF DEATH AS A STREET AND INTERVAL RETWEEN
	DISEASE OR CONDITION DIRECTLY	anteriosclepting condiovascular ONSET AND DEATH
	LEADING TO DEATH	actions to the page years
	Athis does not mean the made of dying, e.g., DUETO heart foilure, osthenia, etc. It means the disease,	Contractor
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	
	UNDERLYING CONDITION lost.	
7	II II	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ICA	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
RTIF	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF home, form, foctory, street	.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) i, office bldg., INJURY OCCUR?
CAL	DEATH (natify medical examiner) etc.)	, , , , , , , , , , , , , , , , , , , ,
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ξ	While At Nat	While Vork
	22. I certify that (1) (this haspita)) attended the deceased from	(9/30 1966 to 8/13 1966
	that (I)(we) lost sow the deceased alive on 9/13	19 (a and that in(my) (our) opinion death occurred an the do
	and hour and from the couses stated above. (1) (We) (did) (did no	
	23A. SIGNATURE	23 B. DATE SIGNED
	Bruce M. Good M.D.	Attending Med. Director Phys. Phys. 9/13/66
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS, 4940 Eastern Avenue 2122
		ho. Balto. City (405PS Baltimore, Maryland
24A	A BURIAL CREMATION, 248. DATE / 24C. NAME OF CEMETERY OF	
1	SUMMAN September 1911 Went lath	1. 11 Belling
25A	A. DATE REC'D BY HEALTH BEPT. 25B, NAME OF REGISTRAR	25CAUNERAL DIRECTOR 5 1916 ADDRESS
		Milio Herund ford Toller 1 1A

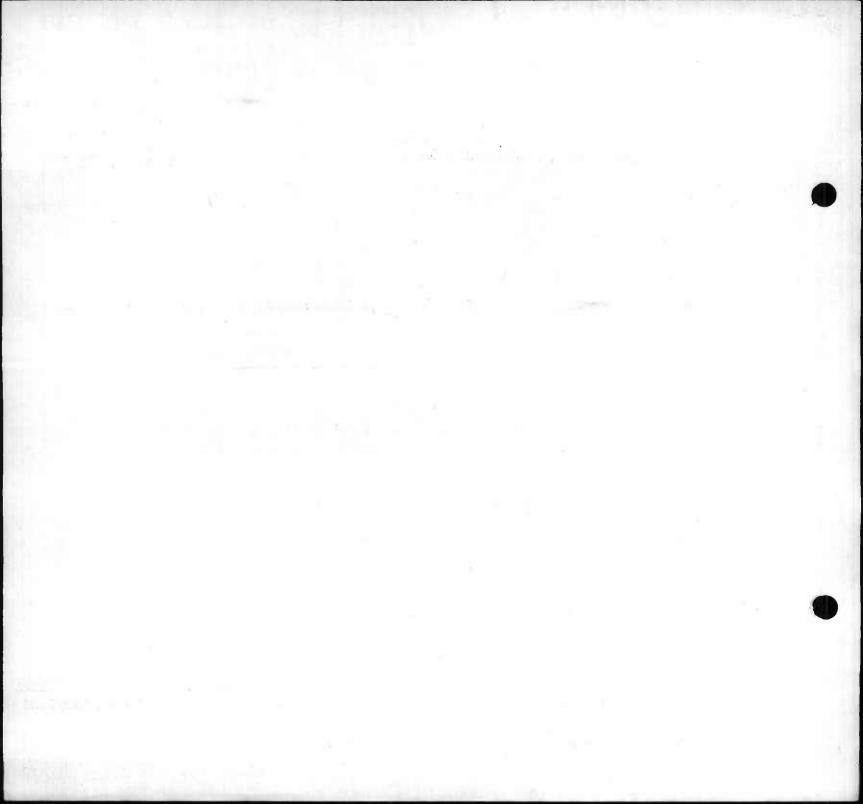
or his assistant if death occurred in a hospital and IMPORTANT This certificate must be approved by the chief medical examiner FUNERAL DIRECTOR:

Also,

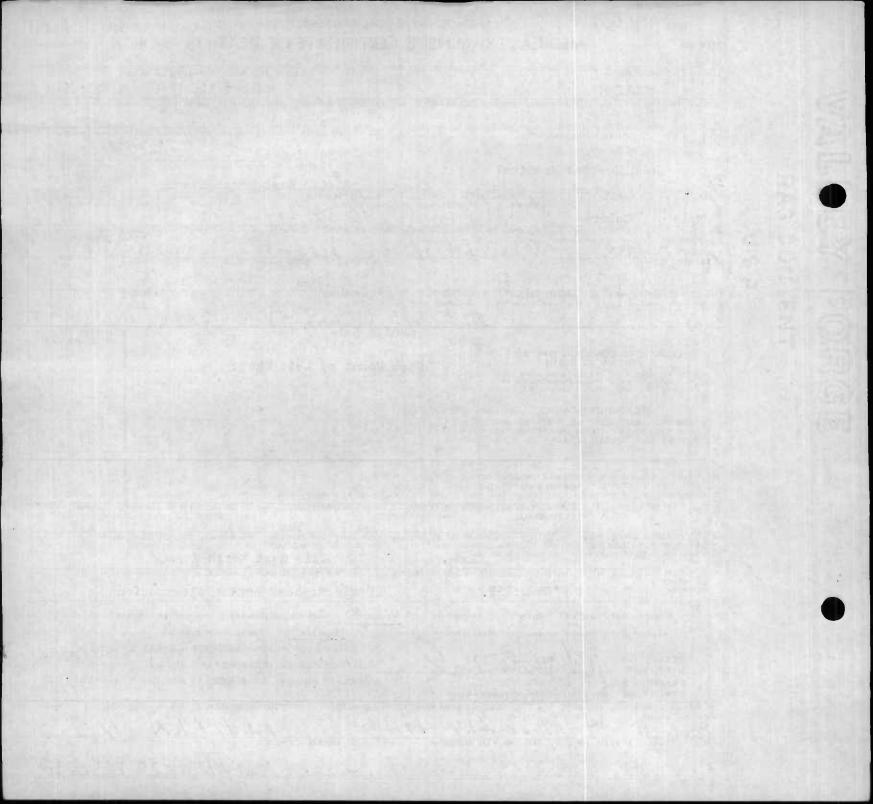
examiner.

the body was released to the hospital by a medical

rwif Sons 2024 ADDRESS



		DICAL EXAMINER 3 CE	KIIFICATE	OF DEATH Regist	rered No
	E CASE NO.			DATE AND HOUR PRONOUN	CED DEAD
(Ту	pe or Print) WILLIAM	PRICE	2.	September 11, 1	
3. 6	PLACE IN BALTIMORE, MARYLAND,		A LISTIAL DESIDENT	CE(Where deceased lived If in	stitution, residence before admission)
3	the in the investigation,	WHERE PRONOUNCED DEAD			stitution: residence before odmission)
	L NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Mary I	. and (If autside corporate limits, wr	ite (URAL and give township)
	SPITAL OR ADDRESS OR LOC	Alloni		the detailed assignment in the second	7-0-0
			Balti		0 0 0
33	John Hopkins F	lospital	D. STREET ADDRES	S (If rural, give location)	
			8. DATE OF BIRTH	East North Aven	
5. S	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)		9. AGE (In years lost birthdoy)	Months Doys Haurs Min.
	Male Colored	MARKIED		34 31	
	. USUAL OCCUPATION (Give kind of we e dufing mash of warking life_even if retired	ork OR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te ar foreign country)	12. CITIZEN OF WHAT_COUNTRY?
	LABURER	GLI MARTIN	YL.	<u></u>	u.Sa.
13.	FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	A
	THOMAS I	RICE	ORTRA	ARKIN	6 10N
15.	WAS DECEASED EVER IN U.S. ARMI		17. INFORMANT	1	ADDRESS
1163	X/O	212-30-4123	MRS, STU	CRUIVANI 721	STIRLING ST.
	18.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION I	DIRECTLY			ONSET AND DEATH
	LEADING TO DEAT	rH (A) Stab 1	Wound of Le	ft Chest	
F	(This does not mean the made heart failure, asthenia, etc. It mean injury or camplication which coused	of dying, e.g., DUE TO			
	ANTECENDENT CAU	CEC			
	DISEASES OR CONDITIONS, IF	ANY, GIVING (B)			
	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	STATING THE			
Z	Civilina Constitution and	(C)			
은	II				
S	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT F	S CONTRIBUTING			
뜬	DISEASE OR CONDITION CAUSIN				
CERTIFICATION		ENDITION FOR WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 20B. IF YES, WERE I	
-	2			es	Yes
EDICA	21A EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a	n ar about 21C. WHI ffice bldg., INJURY O	CCUR?	give exact location)
0	UTING CAUSE OF DEATH.	etc.) Home		East North Ave	
Σ	21 D TIME (Manth) (Day) (Ye	eor) (Hour) 21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
		66 12: 15 WHILE AT NOT W	WHILE K Stal	bed during alte	reation
	22.		No.	not on this bosis, deoth in	my opinion
	resulted from: Natural c	ouses Accident Suicide	Homicide	X Undetermined mon	ner
	111		CHIEF MED	ICAL EXAMINER	
	ACTUAL /	711-11-7		ICAL EXAMINER X	DATE SIGNED
	SIGNATURE	M.D.			9/11/66
	EXAMINER'S / NAME (Type) Rudiger	Breitenecker	ASSOCIATE MEL	DICAL EXAMINER	21 221 00
	BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (Ci	ty, town, or county) (State)
KEI	MOVAL (Specify) 4-1	7-16 ZION HII	h	1/17/12	TAI NIA
24	DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
			1	111 11 -11	176 . 2 . 1
	SEP 16 196	5 PO G 2 Fallyma	VOSEP	H KNIFHI 1	637 N, DROACHY
VS	151-REV. 1/1/65				1



	his certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and	the body was released to the haspital by a medical examiner. Also, if the direct or contributing couse of death	of ony noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined cause; (5) Deceosed	wos D.O.A. ot o hospital (except where the physician who pronounced deoth wos in regulor attendance on the
	tal	P P	909	OD
	spi	0	0	nce
	h	205	3) (e	pp
	2	S CC	1056	Hen
	pe	ting	oo p	0
	Urr	ibu	ine	olo
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	oth	r cc	dete	Ξ.
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A	ton	P	ipu	oth
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FUNERAL DIRECTOR: IMPORTANT	is o	# 'A	on)	ced
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::	er		ture	ron
Ö	nin	ine	roc	d
5	XO	HO	A	Why
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	ote	S L	hows: (1) An accident	ot o
	ifice	W.	A (A
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shows: (1) An accident of wos D.O.A. ot o hospita

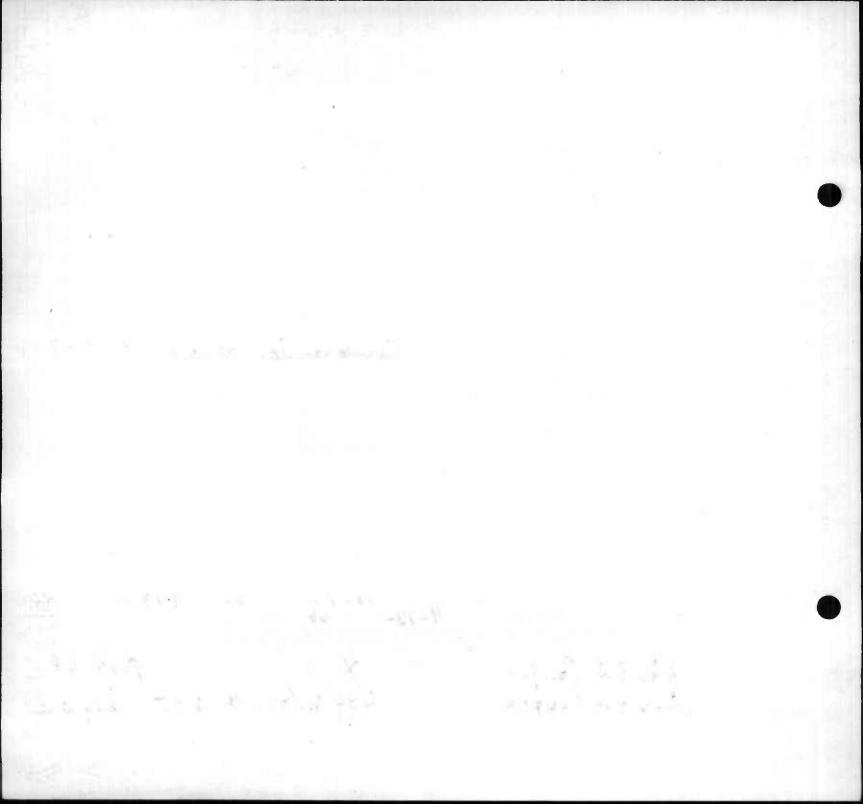
VS 150-REV. 1/1/65

hospita

	HEALTH DEPARTMENT	217	CC DOOD!	
CERTIFICA	TE OF DEATH	Registered No.	66 09321	
	2. DATE AN	ND HOUR OF DEATH		
	9-13	3-66		M.
	4. USUAL RESIDENCE (Wheel A. STATE B. COUN		itution: residence belore odmiss	ion)
on, give street	C. CITY OR TOWN (If out	tside city limits, write RU	RAL and give towns, hip)	
	Baltimore D. STREET ADDRESS (If	rural, give locotian)	0-0/	
		ssuth Stree	et	
ed, Never Married WED, DIVORCED (specify) arried		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Manths Doys Hours Min	

	TH NO. 66 09321 CERTIFIC	ATE OF DEATH Registered No. 66 09321
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Пур	Emily R. King	9-13-66
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi
Н	FULL NAME OF (If not in haspitol or institution, give street HOSPITAL OR address or lacotion) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give towns.http) Baltimore
11-0	St. Agnes Hospital	D. STREET ADDRESS (If rural, give locotion) 104 S. Kussuth Street
5. SI		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 I
IGA	F Negro Married USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	8-7-96 70
	e during most of working life, even if retired)	North Carolina U.S.A.
13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Watt Best	Laura Staton
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes	s,no or unknawn) (II yes, give wor or dotes of service) SECURITY NO.	James Vinn 1010 Ashburtas Out
	1B. A. CAUSE	James King 1810 Ashburton St. OF DEATH INTERVAL BETWEEN
	[N N N]	ONSET AND DEATH
	LEADING TO DEATH	duale varculais désease 10-1.62 49-1
	(This does not mean the made of dying, e.g., DUE TO	accord vancings surlant
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	DISEASES OR CONDITIONS, if any, giving	
	UNDERLYING CONDITION last.	
	II .	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
RTIF	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	ZIA, ACCIDENT WAS UNDERLYING ZIB, PLACE OF INJURY (e.g.	., in or obout 21C. WHERE DID (If in Baltimore City, give exact locotion) office bldg., NJURY OCCUR?
5	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Not Work At Wo	
	22. I certify that (1) (this hospital) attended the deceased from	18 -1 - 19 62 to 9-13 - 19 44
	that (I) (we) lost sow the deceased alive on 9-13.	19 ond that in(my) (our) opinion death occurred on the
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE	23B, DATE SIGNED
		Attending Med. Director Phys. Phys.
	23C. PHISICIAN'S	23D. ADDRESS
	NAME (Type)	1630 h Pour of Balls
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	to 7 11. way or place may cano
	Burial 9-13-66 Arbutus Memo	rial Park Arbutus, Maryland
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	SEP 1 8 1966 P. O. T. E. STANKER	George G. Kelson 1348 N. Calhoun

6 Arbutus Memorial Park
258. NAME OF REGISTRAR
COORDERAL
COORDERAL Arbutus, Maryland 25C. FUNERAL DIRECTOR ADDRESS Calhoun St. George G. Kelson 1348 N.



FUNERAL DIRECTOR: IMPORTANT	APORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	his assistant if death occurred in a hospital and so, if the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased inced death was in regular attendance on the deceased prior to death. Such of or final disposition is made.

	09322	BALTIMORE CIT		000000
BIRTH NO.	70000	CERTIFICA	ATE OF DEATH Registered No	66 09322
NAME OF DECEASED			2, DATE AND HOUR OF DEAT	н
Tune or Print)	ohn Satte	rfield	9-13-66	0:45 n
PLACE OF DEATH IN BAL			4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
			A, STATE B. COUNTY	
	ot in hospital or inst ess or location)	tution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	BUBAL
INSTITUTION	evident H	esnital		RUJAL and give township)
	14 Divisi		Baltimore, D. STREET ADDRESS (If rurol, give locotion)	12 00
	ltimore,		2836 W. North Avenue	
L.				1 (6 Hz.) - 1 V. (6 Hz.) - 24 Hz.
Male Negr	e M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) arried	11-18-1891 74 vrss	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Gillone during most of working life,		IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of loreign country)	12. CITIZEN OF WHAT COUNTRY?
None	even if retired)		North Carelina	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0.000
	ven Satte	anfield	Harriet	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Forces? re wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		213-03-6114	Martha Satterfield	(wife) Same
1B. / / / / /	1	10.7 07 0.114	DF DEATH	INTERVAL BETWEEN
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	TO DEATH	W 50	Jessin Pulmony	10 min.
(This does not mean I			71	/
heart failure, asthenio, e injury or complication w			UA.	en
ANTECEDE	NT CAUSES	(B) 1726	Bollombon of Left Il	ac 1-2 orga
DISEASES OR COND	ITIONS if any	DUE TO		
rise to the above	couse (A) slotin			
UNDERLYING CONDIT	ION losi.			
_	11	manie	Cultal Encytalemalusia,	pt one north
OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION			1 0 7 5	1 12 27
	CAUSING IT.	Meligrant	- arelanone of deft hast +	legt 18 months
<u>_</u>	WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WER	E FINDINGS CONSIDERED
8-8-66			Yes	
OR CONTRIBUTING C	NDERLYING [21B. PLACE OF INJURY (e.g., home, farm, factory, street,	in or about 21C. WHERE DID (If in Baltimoffice bldg., INJURY OCCUR?	ore City, give exact location)
▼ DEATH (notify medical ex	ominer)	etc.)		
O		17) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
D 21 D. TIME (Month)	(Doy) (Yeor) (Hou		The state of the s	
OF INJURY (Month)	(Doy) (Yeor) (Hou	While At Not Wh	ile 🦳	
OF INJURY (APPROX.)	,	Work L At Work	ile	77
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21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) (that (I) (we) last sow and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial	his hospital) attethe deceosed olicouses stoted ab Reland T 24B. DATE 9-17-66	work At Work Inded the deceosed fram We an September Prove. (I) (We) (did) (did nat) M.D. At M.D. At Arbutus Mem	July 30, 19 66 to Se 13. 19 66 and that in (my) (our) of view the body ofter death. tending Med. Director Stoff Phys. 23D. ADDRESS 3817 Cepely Read F REMATORY 24D. LOCATION (Arbutus, Med. Arbutus, Med. Arbu	238. DATE SIGNED 9-15-66 Balto., Maryland City, town, or county) (Stote) aryland
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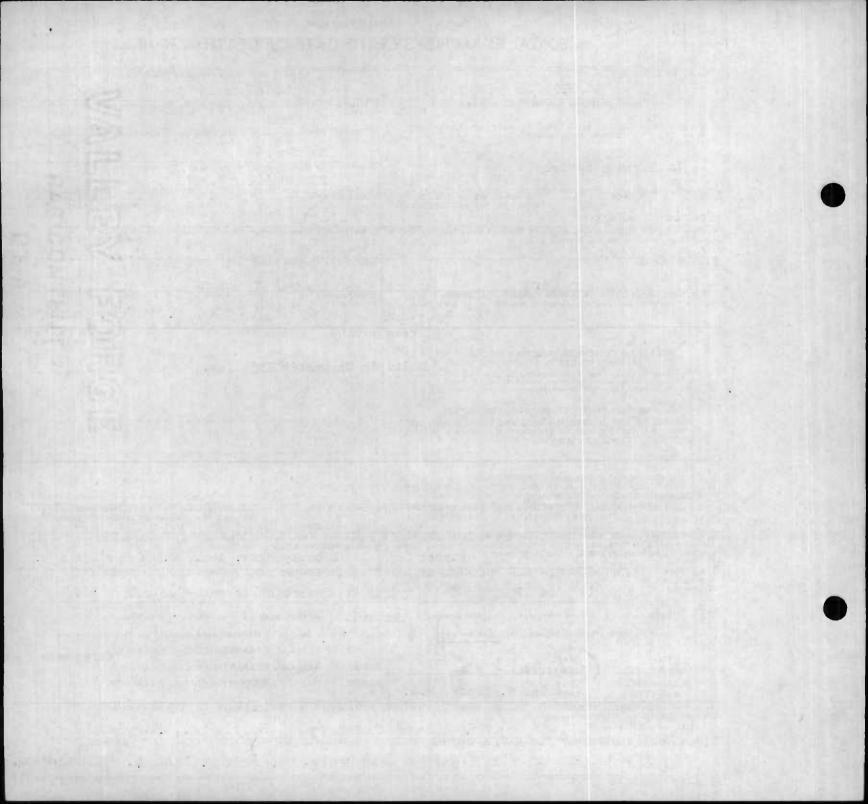
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66 09323

BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

M.E. CASE NO.	MLD	CAL LA	AMIINER 3 CI	LKTITICAT	LOID	LA III Kegisie	rea Nu.
1. NAME OF DEC						HOUR PRONOUNCE	
	GLADYS		WARD			ber 14, 196	
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		eceosod lived. If insti B. COU	tution: residence before odmis
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		yland N (If outside	corporate limits, write	RURAL and give township)
NOITUTITZNI				Ba1	timore		20-07
Luth	eran Hospital			D. STREET ADDR		ns Street	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In yours	If Under 1 Yr. If Under 24 Months, Doys, Hours, M
Female	Negro	·S:	ingle	3-3-4		25	
	UPATION (Give kind of work working life, even if retired)	10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	tate ar foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Sales	Clerk		Actor and the	North (Carolir	na	U.S.A.
3. FATHER'S NAM	AE .			14. MOTHER'S MA	IDEN NAME		
S. WAS DECEASE	Luther Wa		16, SO CIAL	17. INFORMANT	Louise	Jones	ADDRESS
	(If yes, give wor or date		214-40-655		e Ward	1901 1.	Balto. Stree
18,	17			OF DEATH			INTERVAL BETWE
DISEASES RISE TO TH UN DERLYIN	ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST, II NIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING TATING THE					
DISEASE O	R CONDITION CAUSING	1T.					
O DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	Yes	11	OB, IF YES, WERE FII	SES OF DEATH? Yes
O UNDERLYING	L CAUSE WAS SOR CONTRIB- ISE OF DEATH. (Month) (Doy) (Yee)	(Hour) 2	PLACE OF INJURY (e.g., if, form, foctory, stroot, of Street TE. INJURY OCCURRED WHILE AT NOT.	Libe	rty Hgt	s. Ave., W.	of Burleith Stocolision.
22.	tify that I held an I						
	ted fram: Naturol ca		Inspection <u>Aut</u>			basis, death in m determined manne	
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ACTUAL		aller S	Very M.D.	ASSISTANT ME			DATE SIGNE
EXAMIN NAME (les S.	Petty, M.D.	ASSOCIATE ME	EDICAL EXA	AMINER	9/15/66
23A, BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	town, or county) (State
Buria	- 0 40	66	Mt. Auburn	Cemetery	Ва	ltimore,	Maryland
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRESS
	SEP 16 1968	1200	- E. Fallma	Georg	e G. K	elson 134	8 N. Calhoun



Such

death

	66 09324 BALTIMORE CITY HEALTH DEPARTMENT	66 09324
4	CERTIFICATE OF DEATH	gistered No. 000024
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) BIALECKI, MR. ANTONI (ANTHONY WHITE) 9/15	TO DEATH 110 A.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whele deceded A. STATE B. COUNTY	sed lived. If institution; residence before admission)
	FULL NAME OF (If not in haspital or institution, give street MARYLAND BALT	Y limits, write RUBAL and give township)
	CHURCH HOME , HOLDITAL BALTIMORE	2-05
	D. STREET ADDRESS (II Ford), gr	ve locotian)
9	729. S. SRO	
3	MALE WHITE WIDOWED (specify) 1.7. 93 lost birly	3
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign courd done during most of working (ite, even if retired)	12. CITIZEN OF WHAT COUNTRY?
2	AUTOMECHANIC AUTO REPAIRS MD.	U.S.A.
0	13. FATHER'S NAME	
20	BIALECKI-STEFAN MARGARE	T WOJCIECHOWSKI
3	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	100-05-2815 CHURCH	HOME - 140SP-
-	18. / G 3 X CAUSE OF DEATH	INTERVAL BETWEEN
2	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) DUE TO DUE TO	ardiac
3	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
	ANTECEDENT CAUSES melaslatica of the b	rain 6 months
2	DISEASES OR CONDITIONS, if any, giving	0
5	rise to the obove couse (A) stating the (C)	eung
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
0.	1000	
erne	198. CONDITION FOR WHICH OPERATION 208. 208. IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
Serore The	WAS PERFORMED Value Value	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? ((f in Boltimore City, give exact location)
d before the	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED	((f in Boltimore City, give exact location)
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r be obtained before the	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we last saw the deceased alive an 19 (6) and that in (not work and the deceased alive an 19 (6) and	ermfring causes of death? ((f in Boltimore City, give exact locotion)
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oval most be obtained before the	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED While At Wark OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE M.D. Attending Phys. Director Phys.	((f in Boltimore City, give exact location) CCUR? 19 66 19 66 19 67 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 19 68 10 68
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 10 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an that (I) (we) last saw the deceased alive an that (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE OF INJURY OCCUR? While At Not While At Wark Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 123D. ADDRESS NAME (Type) 123D. ADDRESS M.D. Cluttle Kome.	((f in Boltimore City, give exact location) CCUR? 19 19 19 19 238. DATE SIGNED
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) A contribution of the contributi	errifying causes of death? ((f in Boltimore City, give exact location) CCUR? Ita Ceft 19 66 ny) Gur aplinian death accurred an the date 238. Date signed 9 - 10 - 66
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED While At Wark At Wark 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. Director Phys. Director M.D. Church Kome. 23C. PHYSICIAN'S NAME (Type)	errifying causes of death? ((f in Boltimore City, give exact location) CCUR? 10 Left 19 left 19 le

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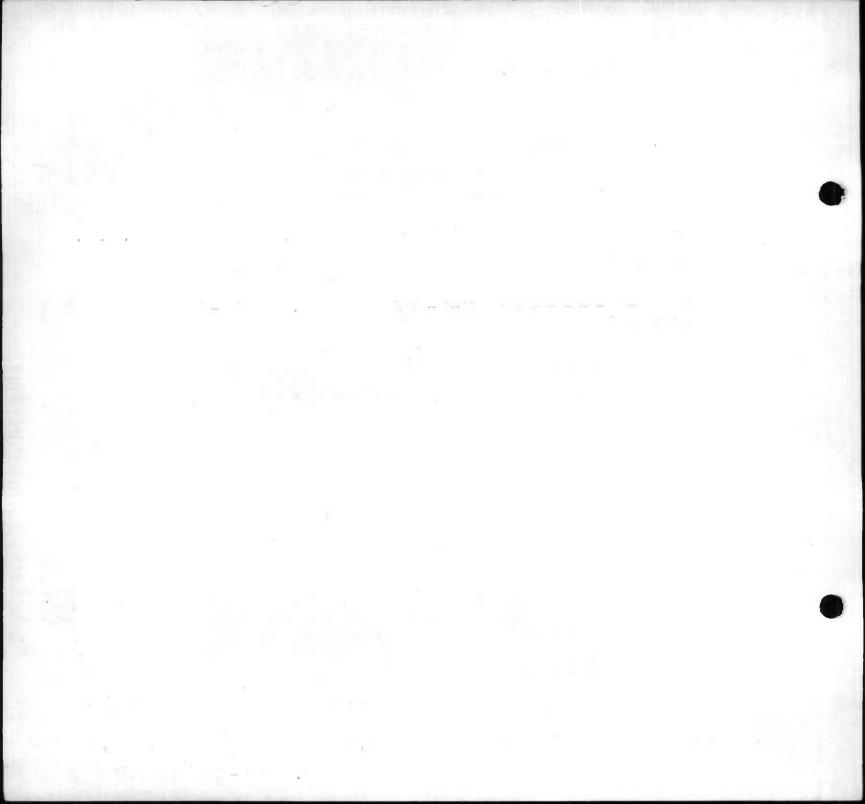
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🦳	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	SE	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	00.000	101	BALTIMORE CITY	HEALTH DEPARTMENT		660005
BIRTH NO.	66 093	325	CERTIFICA	TE OF DEATH	Registered No.	66 09325
M.E. CASE	E NO. DE DECEASED				ID HOUR OF DEATH	
(Type of Pi	int)	over E			15/66	1:55 p M.
3. PLACE	Palasik, Anthor DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (Whee	re deceased lived. If it	nstitution: residence before admission)
FULL N HOSPITA			e street	Maryland c. chy or rown (11 out	tside city limits, write	RURAL ond give township)
40	St. Agnes Hospi	tal		Baltimore 21;	225 rural, give location)	52-00
1				303 5th Avenu		
5. sex	6. RACE White L OCCUPATION (Give kind of wo	Marri	ever Married DIVORCED (specify)	5/10/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	most of working life, even if relired		OSINESS OR INDUSIRI	11. SIKIHILACE (Store of fore)	gn country)	WHAT COUNTRY?
	reman	Hardwood	l Finisher	Baltimore, Ma	ryland	U. S. A.
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	WE	
Vi	incent Palasik			Mary Duhniew	icz	
15. Wes D	eceased Ever in U.S. Armed Funknawn) (If yes, give war ar da	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Veronica M. Pal	neile - 202	5th Arrange
1B. 4	10011		CAUSE O		astk = 303	INTERVAL BETWEEN
7	DISEASE OR CONDITION D	IRECT! Y				ONSET AND DEATH
	LEADING TO DEATH		(0)	CVA		
	does not meon the mode of		DUE TO	C. VA ASCUHD	ne meire na merurus var da ma ma ma sile de menpaman na ner na silpilisma na ma ma ma ma ma m	
	failure, asthenia, etc. It mean or camplication which cause			1		
	ANTECEDENT CAUSE	2	(B)	75C6HD.	w enname one one one one one one one one one on	
DISEA	ASES OR CONDITIONS, if	any, giving	DUE 10			
rise	to the obove cause (A		(C)			
UND	ERLYING CONDITION last.					
E 10	II R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REI ASE OR CONDITION CAUSING	ATED TO THE				
	ATE OF OPERATION 198. CO	NDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes ar No	20 B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC 19A.D	WAS PE	RFORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (natify medical examiner)	21 B. P home, etc.)	LACE OF INJURY (e.g., in form, factory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
O 21 D. T	IME (Month) (Doy) (Yeo) (Hour) 21E, I	NJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF IN		While	At Not Whit	е		
CALLE	O & 7	Work	Al Work			
	certify that (1) (this hospit				19to	
that (I) (we) last saw the decea	sed alive on	Sand 15	19 <u>@ </u> ond th	ot in(my) (our) op	inion death occurred on the date
ond h	our and from the causes st	ated obove. (I)	(We) (did) (did not) v	view the body ofter deoth.		
23A. S	IGNATURE					23B, DATE SIGNED
	Al don	ml.	M.D. Atte	ending Med. Director	Stoff Phy s.	9/16/66
23 C. P	HYSICIAN'S			23D. ADDRESS		
N	AME (Type)	0406	M.D.	4116 0.1.	bin H	UN Rolling
	AL CREMATION, 24B, DATE OVAL (Specify)	24C. NAM	AE of CEMETERY of CRI	EMATORY 24D. L	OCATION IC	City, tawn, ar caunty) (State)
Buria	1 9/19/66		Cross Cemete	ry. Brooklyn	Anpe Arunde	County Maryland
ZSA. DATE	E REC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR		Thank a	wever
	SEP 1.6 1956	137.3	to the Pull	George A. Webe	er - 705 So	uth Ann Street
VS 150-RE	V. 1/1/65			the same of		



1	,		BALTIMORE CI	TY HEALTH DEPA	RTMENT	CC 1300000 *			
1	BIRT	TH NO. 66 09326	CERTIFIC	ATE OF D	EATH Registered No.	66 09326			
Such	M.E	AME OF DECEASED			2. DATE AND HOUR OF DEATH				
Š		Myrtle E.	Mister		9-12-66	3:15 p			
Ė	3, 1	PLACE OF DEATH IN BALTIMORE, MAI			DENCE (Where deceased lived, If	institution: residence before admission)			
death				A. STATE	B. COUNTY	1-9-39			
]	HOSPITAL OR oddress or location	or institution, give street)	Maryla c. city of to		RURAL and give township)			
5	INSTITUTION			BECCC					
0	2 3			D. STREET ADD					
prior le.		The Johns Hopkins	Hospital	Locust Street					
0	100	.19	7. MARRIED, NEVER MARRIED	B. DATE OF BIR	Land Makedani	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
ase s m		Female White	Separated (specify)	7-25-	37				
4		USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
D io		Housewife	None	Crisfie	ld, Maryland	USA			
		FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	- Cole			
on the dece		Amlia Discins		Doro	thy Lawson				
P	15.	Arlie Riggins Was Deceased Ever in U. S. Armed Fore		17. INFORMANT		ADDRESS			
	(Yes	No None		Men a Danie	Alm Divition C	1 1 2 2 2			
ti.		No None	218-24-5105	OF DEATH	othy Riggin, Same	AS 4. ABGD			
attendance med or fina		DISEASE OR CONDITION DIR	CALCET AND DEATH						
t ed		LEADING TO DEATH							
		(This does not mean the made of heart foilure, asthenia, etc. It means	dying, e.g., DUE TO		ia les Mollitus				
regular re embal	į	injury ar camplication which caused							
gu		ANTECEDENT CAUSES	(B)	Mare	0111000(19)				
		DISEASES OR CONDITIONS, if	/, 99						
in s		rise to the above cause (A) UNDERLYING CONDITION last,	slating the (C)						
sician was the remain									
₹ E	ATION	OTHER SIGNIFICANT CONDITIONS CO							
physician fore the re	AT	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	т.						
	CERTIFIC	19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION		Y? (Yes or No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?			
do phy before	CERT	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g			ore City, give exact location)			
	AL.	OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg., INJUR	OCCUR?	the Only, give exoct location?			
	2	21D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	215 44	and the little of collect				
d (6) I	ME	OF INJURY	While At Not W		DW DID INJURY OCCUR?				
andobtai		(APPROX)	Work At Wo			91.9			
		22. I certify that (I) (this haspitol)	attended the deceased from	8/30	19 66 to	1/160.			
death); must be		that (I) (we) lost sow the decease	d olive on 9/12	19.6	ond that in (my) (aur) op	pinion deoth occurred on the dote			
at l		and hour and from the couses stat	ed obove. (1) (We) (did) (did not) view the body o	fter deoth.				
deat		23A. SIGNATURE	NA			23B. DATE SIGNED			
\$ -		- 10 HAD			Aed. Stoff Phys.	9/12/66			
0 0		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 11	11.10			
prior to		IN Stan	Wilson M.	D	† H ·				
Po	244	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY	24D. LOCATION	City, town, or county) (State)			

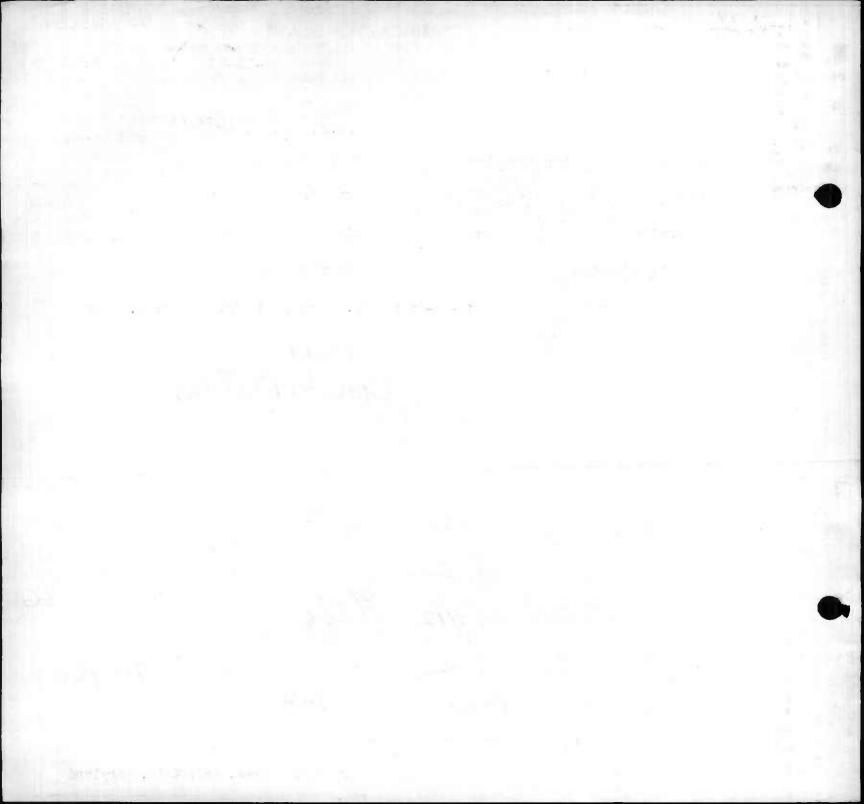
9/15/66 H DEPT. Burial Crisfield Cemetery
258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH

Crisfield, Maryland

Bradshaw & Sons, Crisfield, Maryland

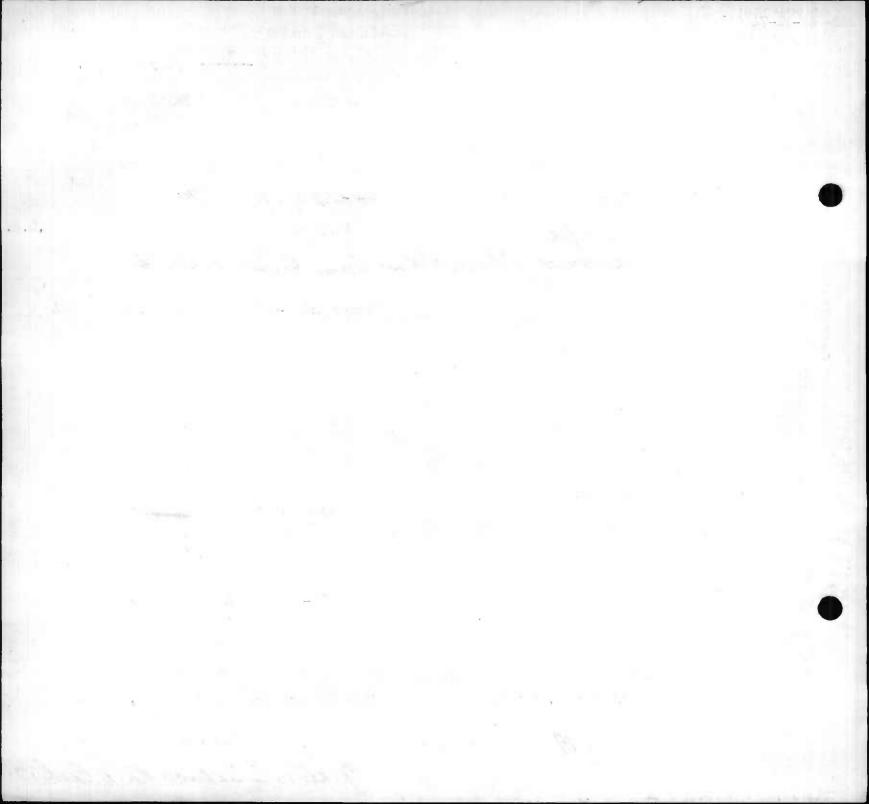
VS 150-REV. 1/1/65

ADDRESS



SAB- 44-71-74

	CITY HEALTH DEPARTMENT
BIRTH NO. 66 U9327 CERTIFIC	CATE OF DEATH Registered No. 66 09327
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print)	-7+00 9/15/66 1.00 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. A, STATE B, COUNTY
	A. STATE B. COUNTY Maryland Baltimore
FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Baltimore City Mospitals	53-00
4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give focotion)
Baltimore Maryland 21224	1655 Hopewell Avenue 21221
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH . 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
Female Hegro Widowed (specify)	y) Allows Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU:	ISTRY 11. BIRTHPLACE (Sale or foreign country) 12, CITIZEN OF
one during most of working life, even iftretired)	Maryland U.S.
Housell the	
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
30000 Charles Willia	eas annie Harner House Strong
5. Was Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
Security 140.	Beauty POW /G/O Festown Avonue 2722/
1B. / 2/ 0 L CAUS	Records: BCH-4940 Eastern Avenue 21224 SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Metastati Carinar of 1 yr
(This does not mean the made of dying, e.g., DUE TO	Teresiana Carenaro of 1 yo
heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	Bloddy. #
ANTECEDENT CAUSES (B)	
DUE TO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the (C)	
UNDERLYING CONDITION last.	
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
M	no s
OR CONTRIBUTING CALLES OF The form form	e.g., in or obout 21 C. WHERE DID (If in B intore City, give exact location) et, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While Work
22. I certify that (b) (this haspital) attended the deceased fram	
and haur and from the causes stated abave. 🗱 (We) (💋 (did no	
23A. SIGNATURE	23 B. DATE SIGNED
Keikorel & Siekan M.D.	Attending Med. Stoff Phys. 9-15-66
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
Richard L. Bishop	M.D. 4940 Eastern Avenue, Bal timore, Maryland
44. BURIAL CREMATION, 248. DATE / 24C, NAME of CEMETERY or	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Gulle // /	Ci la Fred mol
25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
238, NAME OF REGISTRAK	25C. FUNERAL DIRECTOR ADDRESS
OFD 10 1000 A D B. O FARMA	pealer, allerson 11291) Cherin



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FUNERAL DIRECTOR: IMPORTANT	edi bur bur hys
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (7) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	66 09328 BALTIMORE CITY HEALTH DEPARTMENT					
	M.E. CASE NO. CERTIFICATE OF DEATH Registered No.					
	1. NAME OF DECEASED. (Type or Print) (Type or Print) (Type of DECEASED. (Type of Print) (Type of DECEASED. (Type of DECE					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	BON Secour D. STREET ADDRESS III 14/01, give Ibcotion) 210 93 27 Edge 100000 Rd					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) WHARLE d 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) MARLE d 11 Under 1 Yr. Months; Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) BAR-TENDER Harry M. Stevens, Inc. 12. Citizen Of WHAT COUNTRY?					
	13. FATHER'S NAME					
	Theodore Upw heaviver Ada Virginia Evans					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.					
	No None 215-01-4688 HOID RECORD					
	18. / 6.3 X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISCASE (OR) CONDITION DIRECTLY					
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Pulmonary Embolus 5 HRS. CARCINOM A LEFT LUNG 5 Mong					
	ANTECEDENT CAUSES (B) CARCINOMA LEFT LONG 5 MONTH					
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the IC)UNDERLYING CONDITION (ast.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CIRRHOS!S OF LIVER 5 mos.					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYES OF NOT 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUTY le.g., in si obout 21C. WHERE DID home, loim, voctory, street, olice bldg., INJURY OCCUR?					
	21D. TIME Month) Doy) (Year) Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work At Work					
22. I certify that (I) (this hospital) attended the deceased from \$2P\ 4 19 66 to 19 66 to 19 66 to 19 66 and that in (my) (our) apinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
	23C. PHYSICIAN'S NAME (Type) M.D.					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)					
	Burial 9/17/1966 Woodlawn Cemetery Woodlawn, Maryland					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
	SEP 16 1965 P. D. R. F. Faller Wm. L. Tihn + Sono Batto, mot					
1 5	VS 150-REV. 1/1/65					

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Such Undetermined cause; (5) Deceased of death LO hospital ance cause attend 0 prior contributing occurred made. regular deceased disposition is Was the 3 death 0 attendance any pronounced or embalmed of fracture regular who Gre <u>e</u> physician the remains the chief medical medical Wds physician the 0 before where to the hospital å nature; obtained 9 approved (except and any of hospital

the body was released

accident

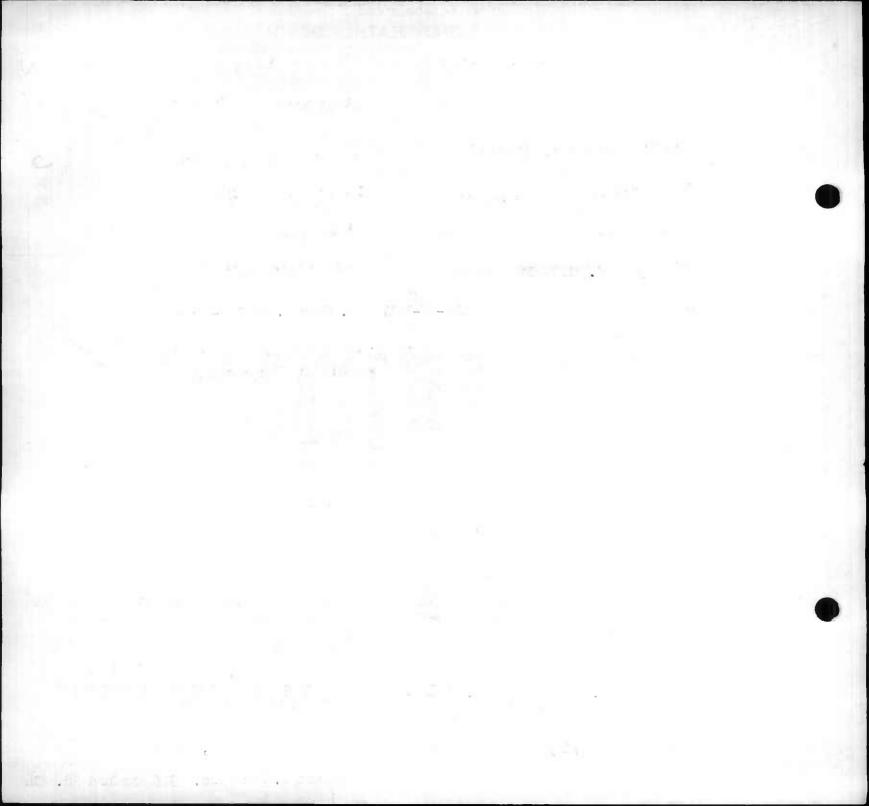
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BALTIMORE CITY HEALTH DEPARTMENT 66 09329 66 09329 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ROSE SOPHIE 9-15 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, It institution, residence before admission) MANGUAND, U.S. 1 1.

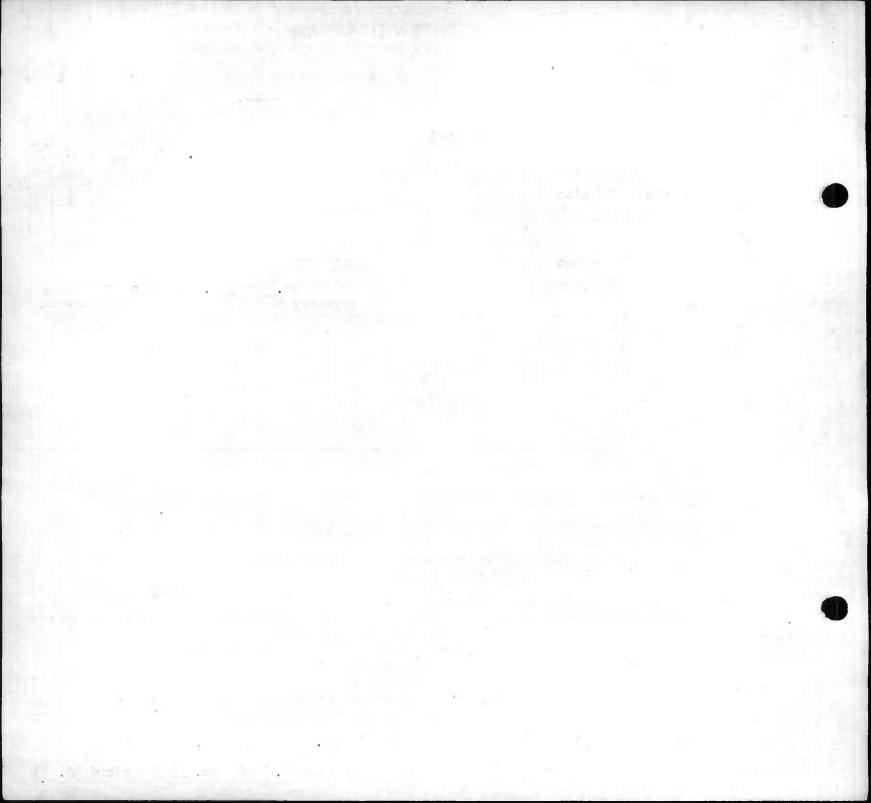
C. CITY OR TOWN (If outside city limits, write RURAL ond-give township) U.SIA. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION BACTIMORE D. STREET ADDRESS (If rural, give location) MEMORIAL HOSPITAL GAKCHEST INF 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under Hours WIDOWED, DIVORCED (specify) WHITE MARKIED tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE MALLYLAND U.SA 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME WILLIAM F. HERESTEE KATHERINE QUATU Hobine 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)!(If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. No 214-18-1917 Mr. John E. Kemler- Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 9-13 22. I certify that (1) (this hospital) attended the deceased fram. 66 pe that (1) (we) last saw the deceased alive on. and that in(my) (aur) opinion death occurred on the dote eath) and hour and from the couses stoted obave. (1) (We) (did) (dld not) view the body ofter deoth. must 23A. SIGNATURE 238, DATE SIGNED ŏ Attending Phys. 10 approval 0 23C. HYSICIAN'S NAME (Type) GOZO, JR 23D. ADDRESS prior THE UNION MEMORIAL HOSPITAL ŧ UMON MEMORIAL EVILBENTO Ja. M.D. 6-(E) ... 24A. BURIAL CREMATION, 1248. 24C. NAME of CEMETERY OF CREMATORY deceased (City, town, or county) REMOVAL (Specify) SID

9/19/66 | Baltimore Cemetery | Balt DEPT. | 25B. NAME OF REGISTRAK Baltimore, Maryland Leonard J. Ruck Inc. 5305 Harford Rd.



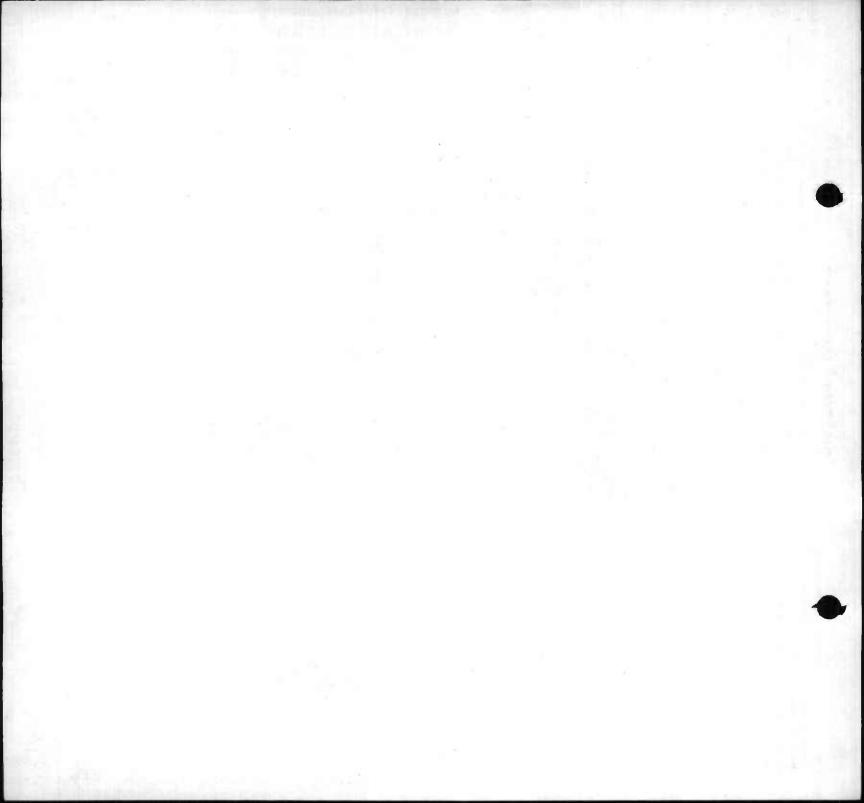
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BIRT	H NO.	66 093	30		TE OF DEA		Registered Na.	66 (1933	()
	CASE NO.	A CED		CLKTITICA			HOUR OF DEATH			
	e or Print)	NELLIE E.	PISTORI	0	2.		15,196		.135	4
3. P	LACE OF DEA	TH IN BALTIMORE, MA		NA	4. USUAL RESIDEN	ICE (Where	decaased lived, If i			odmission)
					4 1	B. COUNT				
H	ULL NAME OF	F (If not in hospital address ar lacatia		giva straat	C. CITY OR TOWN	(If outs	ide city limits, write	RURAL ond giv	a tawnship)
		UNIVERS	א אדו	ospital	BACT			_		
25	1				D. STREET ADDRES	S (If n	prol, giva lacotian)	#2 9	10	a
38					1				- 0	-
5. \$	Emale	6. RACE White		DIVORCED (specify)	B. DATE OF BIRTH		ast birthday)	If Under 1 1 Manths Day	r. If Und	der 24 Hrs. Min.
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ota or foreig	in country)	12. CITIZEN		
done	during most of v	varking life, even if retired)			M	٨.			SA A	
13.	FATHER'S NAM				14. MOTHER'S MAI		\E			
		X Barnes			Nell XXX					
(Yes	na ar unknawn)	Ever in U. S. Armad Fa (If yes, giva war or date	es of service)	SECURITY NO.	17. INFORMANT M	Ir. Fr	ank C. Pis	torio	DRESS SECONOMIC	ame XXXX
	18.	211		CAUSE	F DEATH				RVAL BET	
	DISEAS	E OR CONDITION DI	RECTLY						SET AND D	EATH
		LEADING TO DEATH		IA) CHYR	onic obstru	CLINE	PULM. RMAH	Tramp	15	
		at mean the made of		DUE TO						
	hearl failure, asthema, etc. It means the disease, injury ar camplication which caused death.)									
	ANTECEDENT CAUSES (B)								~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	DISEASES O	R CONDITIONS, if	any, giving							
		abave cause (A) CONDITION last.					************			
									_	
TION	TO THE DI	FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING								
CA		OPERATION 198. CON	20 A. AUTOPSY? (Yas ar Na)	208. IF YES, WERE	FINDINGS CO	NSIDERED			
RTIF) -	WAS PER	FORMED	Terminosy, respective co.	1/21	5	IN CERTIFYING CA	USES OF DEA	TH?	
AL CE	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID (If in Balti							e City, giva ex	act lacotion	1)
DIC	21 D. TIME	(Month) (Day) (Yaar)		INJURY OCCURRED	21E HOW	DID INIII	IRV OCCUP?			
MEC	OF INJURY	(Monm) (Day) (1del)		ile At T Not Whi	21F. HOW DID INJURY OCCUR?					
	(APPROX)		Wo	rk At Work						
	22. I certify	that (1) (this hospita	l) attended t	he deceased fram	7/13/66	1	9ta	9/12/61	1	19
	that (I) (we)	last saw the decease	ed alive an	9/15/	19 ((and tha	t in (my) (aur) ap	inian death a	ccurred o	n the date
	and haur and from the causes stoted abave. (1) (We) (did (did nat) view the bady after death.									
	23A. SIGNATU				INTERN	23B. DATE SI	GNED			
	Michael M. Crem M.D. Attending Med. Staff 915166									
	23C. PHYSICIA	N'S	31	Ph	23D. ADDRESS	C101	Phys. L.			
	NAME (T		, eV	UM M.D.		5 174	Marc	041-11		
0.4.4	Bublat of	0 73			UNIVERS		14038	BACTIM		Md.
24A	REMOVAL (S	pacify) 248. DATE	24C.N/	AME of CEMETERY of CR	EMAIORY	24D. LC	CATION (C	ity, town, or co	iunty)	(State)
	Burial	9/19/6		ltimore Natio			timore, Ma			
25A	. DATE REC'D	BY HEALTH DEPT.	258, NAME C	OF REGISTRAR	25C. FUNERAL D	DIRECTOR			ADDRESS	
	SI	EP 16 1966	P. O	E SaleuMA	Leonard	J. Ru	ick Inc. 53	05 Harfo	rd Rd	· #1
VS	150-REV. 1/1/6	55				- 63				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1		11/2/02/00 000	0.4	BALTIMORE CITY	HEALTH DEPARTMENT	CC 1100001 V			
1	BIRT	4 NO.64 2/97/66 093	31	CERTIFICA	TE OF DEATH Registered No	66 09331			
	M.E.	CASE NO. AME OF DECEASED		G =1(111107)	2. DATE AND HOUR OF DEATH				
		or Print) Scott, M.	su vi	c.e.	Sept. 13, 1966	12:30 P.			
1	3. PI	LACE OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceosed lived, if ins	titution: residence before odmission)			
					Md. Baltimore				
		ULL NAME OF (If not in hospital OSPITAL OR address or location	or institution, g	give street					
		ISTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township) Balt: wore				
	4	2		١.	D. STREET ADDRESS (If rurol, give location)				
		inai Hosp. of	Bal	timore	2427 Ettings St.				
		ale Negro	MENER	NEVER MARRIED), DIVORCED (specify) MOVICEO	B. DATE OF BIRTH March 5, 1964 Ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
:		USUAL OCCUPATION (Give kind of work during most of warking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	gone	None	No	940	Maryland	UNITED States			
	13. F	ATHER'S NAME	1	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NAME	1			
		Daniel Scot	+		Anna Hammon	v 9			
		Vos Deceosed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	ADDRESS			
	(Yes,	no or unknown) (If yes, give war or dote	s of service)	SECURITY NO.	Hospital Ascords				
		18. 7.3 21		CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION DIE LEADING TO DEATH	RECTLY	0.0	ardiac arrest	15 min			
	(This does not mean the mode of dying, e.g., DUE TO								
		heart failure, asthenia, etc. II means injury ar complication which coused							
)		DISEASES OR CONDITIONS, if	ony, giving	DUE TO	iliary atresia	2905			
3		rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling lhe	(C) (D)	Mary arresta	~ 7v-3			
3		11							
	ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELA	ONTRIBUTING	G E					
,	A	DISEASE OR CONDITION CAUSING I	Т.		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED			
	ERTIFIC	WAS PER	FORMED	WHICH OPERATION	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?			
	CER	21A. ACCIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Baltimore	City, give exact location)			
	A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OCCUR?				
3	EDIC	21D. TIME (Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
-	S	OF INJURY (APPROX.)	Wh	ile At Not While	e 🖳				
3		111111111111111111111111111111111111111	VV O	rk		p+ 13 19 66,			
2	11 1	22. I certify tha (1) (this haspital		0 . 1		•			
	11 1	that (1) we) last sow the deceased alive an SEpt 13 19 6 and that in my (our) opinion death occurred on the date							
,	{ L	and hour and fram the couses sta	ted above.(()) (We) (did) (did nat) v	iew the bady after death.	238, DATE SIGNED			
ĺ		23A. SIGNATURE	()	M.D. Atte	ending Med. Stoff	1			
3		T duelles	Mari	Phy	s. Director Phys.	28pt. 13, 1966			
		23C-PHYSICIAN'S NAME (Type)		M.D.	Sinai Hosp. 04	Baltimore			
3	24A	BURIAL CREMATION, 248. DATE	24C.N	AME of CEMETERY of CRE	MATORY 24D. LOCATION (Cit	y, town, or county) (State)			
	1	REMOVAL (Specify)	16 m.	+Colmins	111 13- 211.	mel			
	25A	DATE REC'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. EUNERAL DIRECTOR	ADDRESS			
		SEP 16 1966 (000	E. Falley MA	Show Ald Dear Inn	Bear Hochis			
	V\$	150-REV. 1/1/65	IE K SOA P.J.	The state of the s	in may will son 1000	powery !			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Such

a hospital and

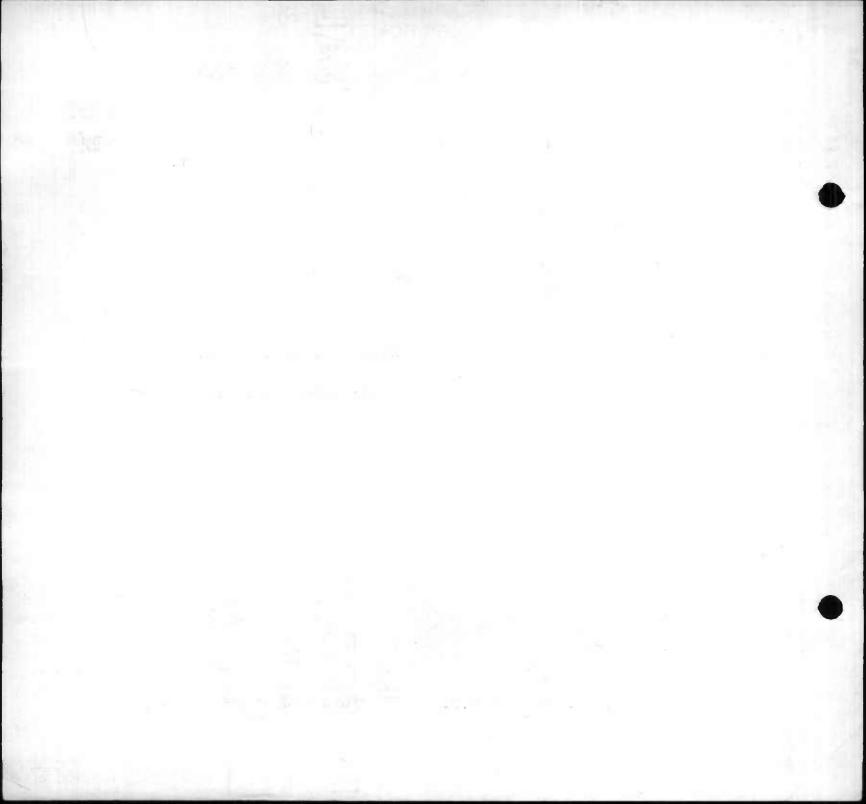
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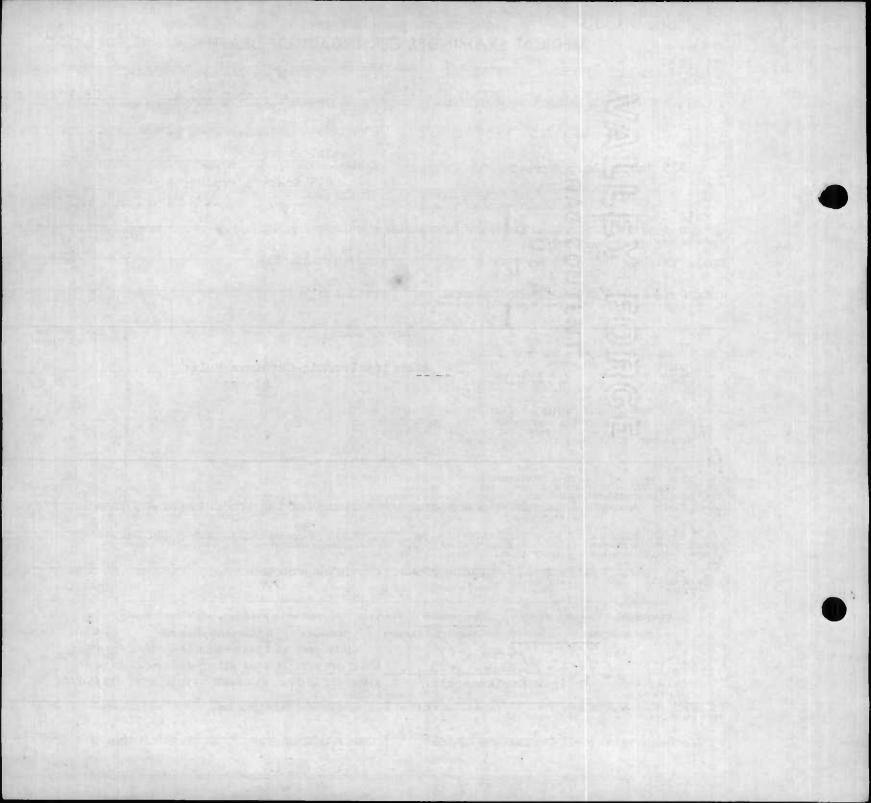
	66 09332 BALTIMORE	CITY HEALTH DEPARTMENT	66 09332
BIR		CATE OF DEATH Registered No.	
	E. CASE NO.		
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	10
Ĺ	Read Frank	7//3-66	10
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, It in sii A. STATE B. COUNTY	tution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
	HOSPITAL OR oddress or location)	C. CITY OR TOWN IIf outside city limits, write AU	RAL and give towns ipl
	nya .	BALTIMORE	-04
	THE JOHNS HOPKINS HOSPITAL.	D. STREET ADDRESS (If rural, give location)	
3	3	1040 Mc Donogh ST. 2	21205
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
[MALE NEGRO WIDOWED, DIVORCED Ispecif	(y) 5-6-96 lost birthdoy) ^	Months Doys Hours Min.
102	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		12. CITIZEN OF
	e during most of working life eyen if retired)		WHAT COUNTRY?
	Kelluel	Korbrough D.C.	11 8 14
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	RUFUS Kearl	CARRIE TOLER	
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1/2. 1/20	
_	710 218-03-62	00 War seen the	uc .
	18. / (3 X I	SE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	Carcinoma of lung with	
	(This does not mean the mode all dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
	The state of the s		
	ANTECEDENT CAUSES (B)	wide spread metasteses	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obave couse (A) stoling the	***************************************	
	UNDERLYING CONDITION last.		
7	II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
A	DISEASE OR CONDITION CAUSING IT.		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No! 20B. IF YES, WERE FIN	IDINGS CONSIDERED
ERT	d	YES,	
0	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I home, form, foctory, stre	le.g., in or about 21 C. WHERE DID (If in Boltimore Ceet, office bldg., INJURY OCCUR?	City, give exact location)
S A	DEATH Inotify medical exominer etc.)		
ă	21D. TIME (Month) (Doy) IYear) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2		t While	
	Work At	Work L	1 11
	22. I certify that (1) this hospital) attended the deceased from	9/12 1966 10 9	13 194
	that (1)(we) last sow the deceased alive on 9/13		an deoth accurred an the dat
	and hour and from the couses stated above (1) (We) (did) (did n		
	23A. SIGNATURE		3B, DATE SIGNED
	(-// a// // M.D.	. Attending Med. Stoff	9/1-/16
	226 BHYSIAANS	Phys. Director Phys.	1/13/64
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
		M.D. The Johns Hopkins Hosp	pital
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY O		town, or county) (State)

25A. DATE REC'D

25C FUNERAL DIRECTOR



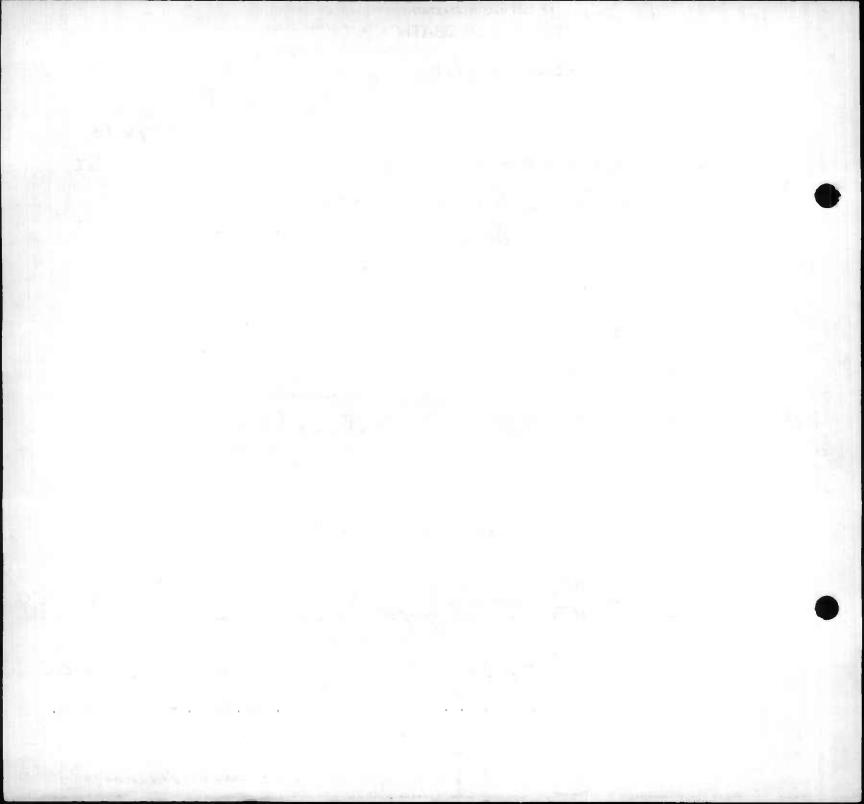
Dilbo	BALTIMORE CITY HEALTH DEPARTMENT	09333
1-400	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	03333
	1. NAME OF DECEASED 12. DATE AND HOUR PRONOUNCED DEAD	
	CHARLES HER LER POWELL September 13, 1966	2.25 D M
	CHARLES POWELL September 13, 1966 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residen A. STATE	ce before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	
	INSTITUTION	give fownship)
	915 South Sharp Street Baltimore D. STREET ADDRESS (If rurol, give locosion)	1
	915 South Sharp Street	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under)	Yr. If Under 24 Hrs.
	Male Colored WIDOWED, DIVORCED(specify) Months Do Non /3 - 8/ last birthdoy Months Do	ys Hours Min.
CO. LAND DIVIN	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OF COUNTRY?
	done during most of working life Jeven Learned WHAT	J.A.
	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 117. INFORMANT ADDRESS	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SO CIAL SECURITY NO.	
	no 314-16-9469 More Powell School	<i>y</i>
		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not meon the mode of dying e.g., head foilure, ostherio, etc. II means the disease.	
	injury or complication which coused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	NO II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT. Condition 198. Condition 198	SIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEAT	
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact local	tion)
	UTING CAUSE OF DEATH. O UNDERLYING OR CONTRIB- home, form, foctory, street, office bidg., INJURY OCCUR?	
	21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.) m. WORK NOT WHILE AT AT WORK	
	22. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinion	E312 17 18
	resulted fram: Matural causes X Accident Suicide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Rudiger Breitenecker ASSOCIATE MEDICAL EXAMINER	9/14/66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY / 23D. LOCATION (City, town, or cour	nty) (Stote)
	REMOVAL (Specify) Bush Pares (at Hard)	mil
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADD	DRESS
	Con a com a con Tion Charles In In In. R.	to. 61
	VS 151-PEV 1/1/63	cay in



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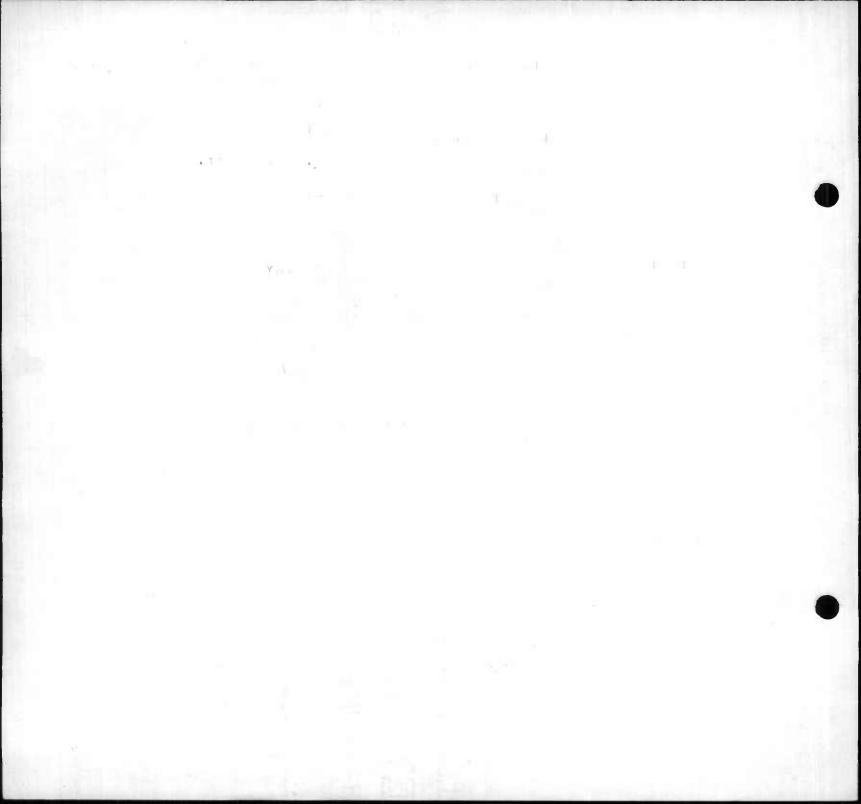
BALTIMORE CITY HEALTH DEPARTMENT		00	00004	
CERTIFICATE OF DEATH	Registered No.	00	09334	

BIRTH NO. M.E. CASE NO. 66 U9334	CERTIFICATE OF D	EATH Registere	d No. 00 09334
1. NAME OF DECEASED (Type or Print)	(1. p	2. DATE AND HOUR OF E	1966 6:00 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RES	B. COUNTY	ed. If institution: residence before odinission)
FULL NAME OF (If not in hospitot or institution, g	c. CITY OR 10	aryland	2201
INSTITUTION	C. CHI OK I	1 1 1 ·	write RURAL and give township)
South Ballimone Ge	D. STREET AD	.00 11	houer St.
	NEVER MARRIED B. DATE OF BI		
F. NEgro. Si	ng/E /0-2	7-09 56	
10A, USUAL OCCUPATION (GI/s kind of work 108, KIND OF done during most of working lile, even it retired)	BUSINESS OR INDUSTRY III. BIRTHPLAC	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	MON
unknown	In	kmous	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17-METERAN	7	ADDRESS
no	Geor	te Pully &	313 East St
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) Pulmon	us Embolin	m 29 years
(This does not meon the mode of dying, e.g., heart failure, aslhenia, etc. It means the disease,	DUE TO	0	
injury or complication which caused death.) ANTECEDENT CAUSES	(B) Uremi	~	
DISEASES OR CONDITIONS, if ony, giving	DUE TO	· Oli T	
rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	(C) &X 1.11	re overrug	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION 20A. AUTO	SYZ (Yes or No.) 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or obout 21 C.	WHERE DID (If in I	Boltimore City, give exoct locotion)
OR CONTRIBUTING CAUSE OF hometc.)	e, form, foctory, street, office bldg., INJU	RY OCCUR?	
OF INJURY (Month) (Day) (Year) (Hour) 21E.		OW DID INJURY OCCUR?	
(A PPROX.) Whi	e At Not While At Work		
22. I certify that (fthis haspital) attended the	01/	8 1966 to	
that (we) lost saw the deceased alive on			ur) opinion death occurred on the dot
230-BIGNATURE	(we) (ala) (ala hor) view the body	offer dectri.	23 B, DATE SIGNED
Bereit ///wo	M.D. Attending Phys.	Med. Stoff Phys. 1	9-15-66.
23C. PHYSICIAN'S NAME (Vype)	23D. ADDRESS		
BERESFORD M. SWAN, 24A. BURIAL CREMATION, 124B. DATE 124C. NA	M.D. M.D. South B	24D. LOCATION	
REMOVAL (Specify)	4. A1 B	0 11	(City, lown, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR 25C. FUNE	PAL DIRECTOR	ADDRESS
- 10 1000 A A B	3 Frenchia Ch	OyO. Wilso	2 / Or Beauty he
VS 150-REV. 15 85 10 1000 WINDOW	00000	50	/



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 66.16862	BALTIMORE CITY	HEALTH DEPARTMENT		66 110005			
CC 110925	CERTIFICA	TE OF DEATH	Registered No	66 09335			
1. NAME OF DECEASED			D HOUR OF DEATH	6 45 6			
(Type or Print) CALVIN			-14-66	6:45 P M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A, STATE B. COUN	e deceosed lived. If inst TY	itution: residence before admission)			
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION	ution, give street	_	side city limits, write RU	TRAL and give township)			
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE	•	50			
33		D. STREET ADDRESS (IF	rurol, give locotion) EL ST.	7			
MIC NICOTO	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) HILD		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 1 20			
10A. USUAL OCCUPATION (Give kind of work 10B. KI			gn country)	12. CITIZEN OF			
done during most of working life, even if retired)		Bolto.	nd.	WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME				
WILLIE		DOROTHY	SAUNDERS				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
has		1 Dulter Bo	wu 1	mu &			
18.	CAUSE O	F DEATH	92	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		4	a +	ONSE! AND DEATH			
LEADING TO DEATH (This does not meen the mode of dying,	e.g. DIF TO	horespiratory	W. W.	982			
heart failure, asthenia, etc. It means the di	seose, fer	uere berry drat	1917	1 1			
ANTECEDENT CAUSES	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if any,	DUE TO						
	rise to the above couse (A) stating the (C) Mal			100.			
OTHER SIGNIFICANT CONDITIONS CONTRIL							
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208 IE VEC MERE EI	NOINCE CONTIDERED			
WAS PERFORMED		YES	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obouf 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)			
21D. TIME (Month) (Doy) (Year) (Hour		21 F. HOW DID INJ	URY OCCUR?				
(APPROX)	While At Not While Work At Work						
22. I certify that (1) (this haspital) atter	ided the deceosed from	91/2	196610 91	14 1966			
that (I) (we) lost sow the deceased alive	C 1	/ /	,	on death occurred on the date			
and hour and fram the couses stated abo	ond hour and fram the couses stoted obave. (1) (We) (did) (did not) view the body ofter deoth.						
23A. SIGNATURE Ranneth & Berns M.D. Attending Med. Sloff Phys. Sloff Phys. Sloff Phys. 9/14/66							
						23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS	
KENNETH U	BERMS M.D.	The Johns Ho	opkins Hosp	oital			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)						
Bunl 4-17-66	Mt Chrow	Cerl 1	sulle m	rel 21230			
AND A COLUMN	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	10.	AUDRESS			
SEP 1.6 1966 A	Carried Actions	Turoyou	1820-1010	manty al			



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occ the body was released to the hospital by a medical examiner. Also, if the direct or contishows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterm was D.O.A. at a hospital (except where the physician who pronounced death was in reg deceased prior to death); and (6) No physician was in regular attendance on the decease	by the chief medical examiner pital by a medical examiner. re; (2) Body burns; (3) A fractul where the physician who profile No physician was in regular	or his assistant if death oce Also, if the direct or cont to of any kind; (4) Undeterm nounced death was in reg attendance on the deceas
written approval must be obtained before the remains are embaimed of final disposition is n	d perore the remains are empai	med of final disposition is i

BIRT	00 0000	TE OF DEATH Registered No. 66 19338				
1. N	AME OF DECEASED MEZARDASH, HARRY	2. DATE AND HOUR OF DEATH 9-15-66 11:20F				
3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admiss				
J	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND BALTIMORE 53 OF C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
'	ST. AGNES HOSPITAL	BALTIMORE ZONE 27				
4		D. STREET ADDRESS (If rurol, give locotion) 1207 LEEDS TERRACE				
5. 5	MALE WHITE MARRIED	8. DATE OF BIRTH 7-2-1891 Ost birthdoy Os				
don	. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired) Grocer	GREECE 112. CITIZEN OF WHAT COUNTRY?				
13.	GEORGE MEZARDASH	EVELYN				
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? 5, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. 20 01 098	B ST. AGNES HOSPITAL -CATON & WILKEN				
	18. 420, / I CAUSE O	DEATH INTERVAL BETWEEN				
	DISTAGE OF COMPUTON DISTAGEN	ONSET AND DEATH				
	(This does not mean the mode of dying, e.g., DUE TO	ate Myrandial Depution				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ate America I Depart				
	DOE 10	and 1 To carried a springer				
	DISEASES OR CONDITIONS, if any, giving uise to the above cause (A) stating the (C) UNDERLYING CONDITION last.					
	II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
RTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL CE	21A. ACCIOENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of pearth (notify medical examiner)	or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) ice bldg., NJURY OCCUR?				
EDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?				
2	(APPROX.) While At Not While At Work At Work					
	22. I certify that (1) (this haspital) attended the deceased fram	PTEMBER 2 19 66 10 SEPTEMBER 15 19 66				
	f //a .	1966and that in(my) (aur) apinian death accurred an the				
	and haur and fram the caused stated above. (1) (We) (did) (did nat) v	ew the bady after death. 23 B. DATE SIGNED				
	M.O. Atte	nding Med. Stoff M				
	23C. PHYSICIAN'S NAME (Type)	30. ADDRESS				
	EWALDO WEISS M.D.	ST. AGNES HOSPITAL -CATON & WILKEN				
24/	Burial (Specify) 9/19/ 1966 Greek Orthodox	Baltimore Co., Maryland (Sto				
1						
?5 <i>A</i>	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Wm. Cook-Brooks, 1217 St. Paul Street Baltimore, Maryland				

522.75

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BIR	TH NO. Balto.	Co. Md.MEDI		AMINER'S C			DEATH Register	ed No
_	E. CASE NO.							
	pe or Print)			1			ID HOUR PRONOUNCE	
2	PLACE IN BALTIMO		RBARA	, ,, ,, ,,	AKS	Septe	ember 13, 198	66 8:20 Р. м.
3.	PLACE IN BALIMO	KE MARILAND, WI	HERE PRONOU	INCED DEAD	A. STATE		B. COUI	lution: residence befare admission) NTY
HC	LL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TO	aryland WN (If outside altimore		RURAL and give township)
1-1	Unior	Memorial		(DO)	D. STREET ADD	RESS (If rural	, give location)	
5.	SEX 6. RA	ACE		NEVER MARRIED	B. DATE OF BIRT	IH MANIE	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs.
	Female W	Thi t e	sine	DIVORCED (specify)	9-6-19	66	1 week	Manths Days Hours Min.
	USUAL OCCUPATI	ON (Give kind of work		BUSINESS OR INDUSTR				12. CITIZEN OF
	none NONE FATHER'S NAME	g life, even if retired)			Maryl.			WHAT COUNTRY?
13.	Robert L	D6.			1	. 1	- /	
1.5			FORGES?	1/ 60 6141	Jane	t L. (oleman	ADDRESS
	WAS DECEASED EV			16. SO CIAL SECURITY NO.	17. INFORMANT	, ,	,	ADDKE22
					Robert	L. Pe	aks.	same
	18. /6 71	0 1		CAUSI	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	LEA	R CONDITION DIE		Acute	bronchopr	neumonia	a (SDII)	ONSE! AND DEATH
	(This does not no heart failure, asth	neon the mode of enio, etc. It means stion which caused o	dying, e.g., the disease.	DUE TO		reamonne	(0011)	
	injury or complice	otion which caused o	deoth.)			1	7	
	ANTE	CENDENT CAUSE	S	/ P)				
	RISE TO THE AB	CONDITIONS, IF A OVE CAUSE (A) ST		DUE TO	***************************************			
Z	1			(C)				
E		II .						
CERTIFICATION	TO THE DEA	ANT CONDITIONS THE BUT NOT RELEMBER	ATED TO TI		~~ 00~ × 0~ 0~ 0 0 0 0 0 × × × × 0 0 0 0		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ER	19A. DATE OF OPE	RATION 198, CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE FIN	
O		WAS FER	OKMED		Yes		IN CERTIFYING CAUS	ES OF DEATH!
EDICAI	21A, EXTERNAL CAUNDERLYING OR UTING CAUSE O	CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, factory, street,	in ar about 21C. office bldg., INJUR	WHERE DID	(If in Boltimore City, giv	e exoct location)
Σ	21D TIME (Ma	inth) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)		m. W	HILE AT NOT	WHILE			
	22. I certify t	hot I held on Ir	nquiry 🗌	Inspection Au	topsy X or	d that on th	is bosis, death in m	y oplnion
	resulted	from: Notural cou	ses X A	ccident Suicio		ide	Undetermined monne	
		131 1	7)	CHIEF	EDICAL E	XAMINER -	
	ACTUAL SIGNATURE	Charle	1.3	a sale M.D	ASSISTANT A	EDICAL E	XAMINER X	DATE SIGNED
	EXAMINER' NAME (Type	. OLIGIAL LC	s S. Sp	ringate, M.D.	ASSOCIATE I	MEDICAL E	XAMINER Sep	tember 14, 1966
	MOVAL (Specify)	ON, 238. DATE	230	C. NAME OF CEMETERY	or CREMATORY	23 D. 1	LOCATION (City,	town, or county) (State)
	burial	9-15-0	56 /	Moreland Me	m. Park	B	altimore, 1	Md.
24	A. DATE REC'D BY H	IEALTH DEPT.	248, NAME			RAL DIRECTO	R	ADDRESS
		E Lacate	1	a o Talla	Leon	ard J.	Ruck, Inc	Baltimore, Mo
VS	151-REV. 1/1/65 1	-D 7 1 10 10 10 10 10 10 10 10 10 10 10 10 1	2 1000 4		A (1)	67 /3		

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6	20.0000	BALTIMORE CITY HEALTH DEPARTMENT 66 U9338
	ARTH NO. 66 09338	CERTIFICATE OF DEATH Registered No.
1		Engleman 2. Date and Hour of Death 2. Date and Hour of Death 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
	FULL NAME OF (If not in hospital or institu oddress or location)	A. STATE B. COUNTY B. CO
W W	South Baltimore Go	SHEPA HOSE 137/ Andre St. RIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hrs.
3	M. White WIDE	DIVORCED (specify) 3-9-05 lost birthdoy Months Doys Hours Min.
	0A. USUAL OCCUPATION (Give kind of work) 108. KIN lone during most of working life, even if retired) Auto Mechanic	BOLLO. M.D. 12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME JOSSO C. Eng	
1 (5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dotes of serv	(ice) 16. SOCIAL SECURITY NO. 17. INFORMANT SOPHICE L. Kahl
	No	216-03-6456 Mrs. Shirley Barber 7822 Birmingham Ave. #
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH Machine Pulmorary (A)
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis- injury or complication which coused death.)	e.g., DUE TO
	ANTECEDENT CAUSES	(B) DUE TO
	DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION lost.	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or obout 21 O WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) (If in Boltimore City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	
	(APPROX)	While At Not While At Work

22. I certify that (this hospital) attended the deceased from

19 66.10 6. 6. and that in () (aur) apinian death accurred an the date

that ((we) last saw the deceased alive

and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23 K. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys. 23D. ADDRESS Med. Director

23B, DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

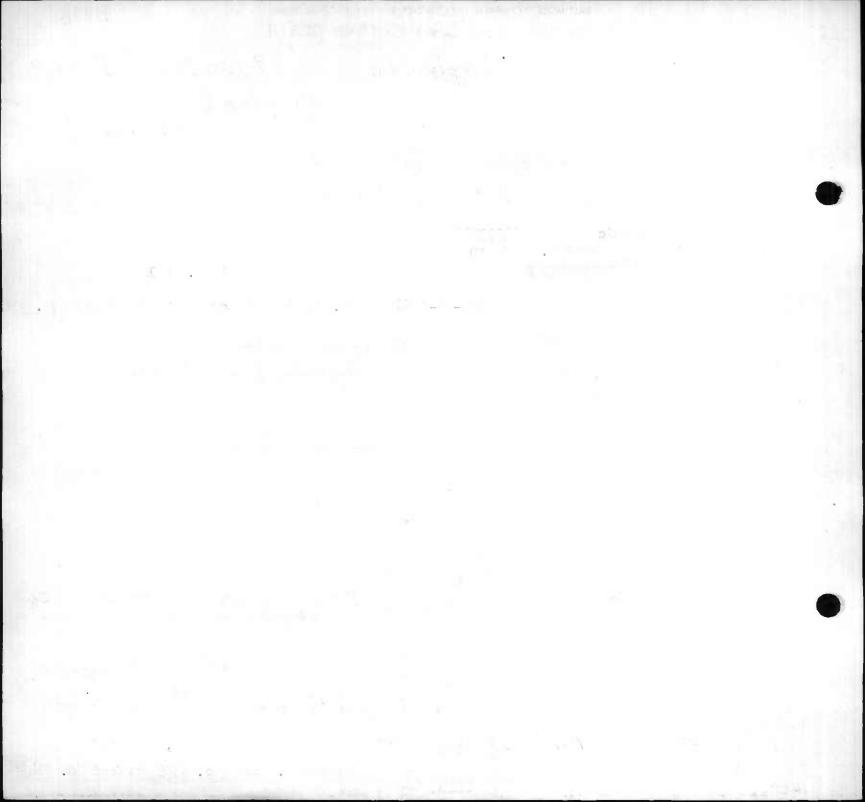
9/17/66 Oak Lawn Cometery
P16 1966 Oak Lawn Cometery

25C. FUNERAL DIRECTOR

Baltimore, Maryland

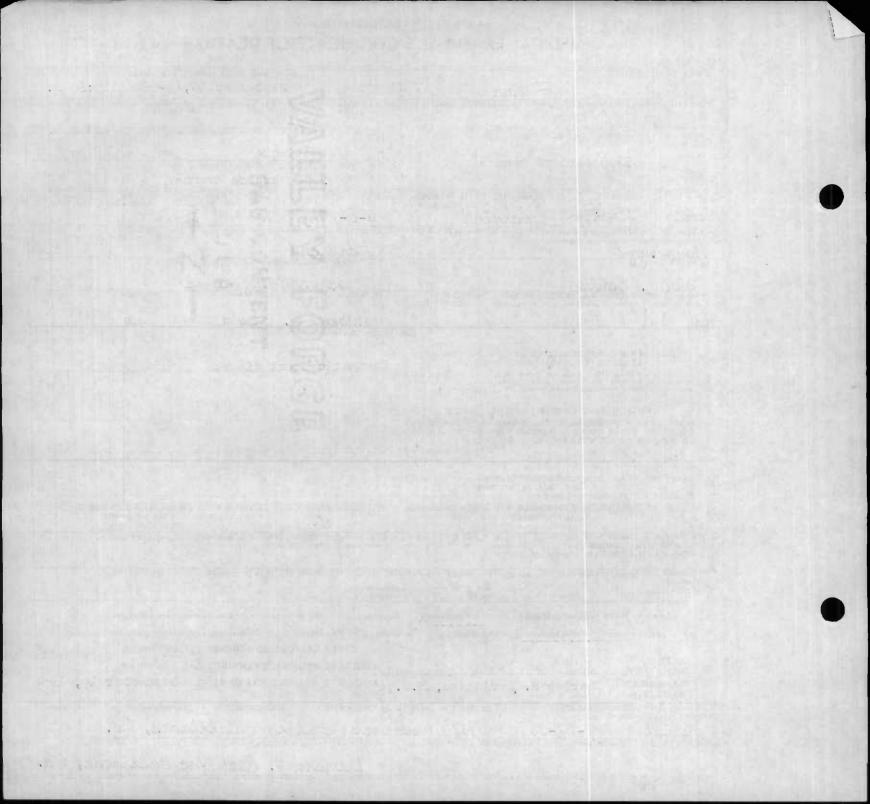
25A. DATE REC'D SY VS 150-REV. 1/1/65

Leonard J. Ruck Inc. 5305 Harford Rd. #14



66 09339 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MARY Ann (Type or Print) STURM 10:50 A. September 14, 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore 5308 Barbara Avenue D. STREET ADDRESS (If rural, give location) 00 5308 Barbara Avenue 5 SEX 6 PACE 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min, lost birthdoy WIDOWED, DIVORCED(specify) Female White 4-8-1915 married TO A USUAL OCCUPATION (Give kind of work TOB. KIND, OF RUSINESS OR INDUSTRY)]. RIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewite Maryland 4. MOTHER'S MAIDEN NAME Bavis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (Yes, no or unknown) (If yes, nive wor or dates of service) SECURITY NO. Hubert same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheumatic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., INJURY OCCUR? 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Doy) (Year) OF INJURY MHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection Y Autopsy and that an this basis, deoth in my apinian resulted from: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER September 14, 1966 EXAMINER'S Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Md. Holy Redeemer emetery burral 24C. FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR

Leonard J. Ruck Inc Baltimore, Md.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

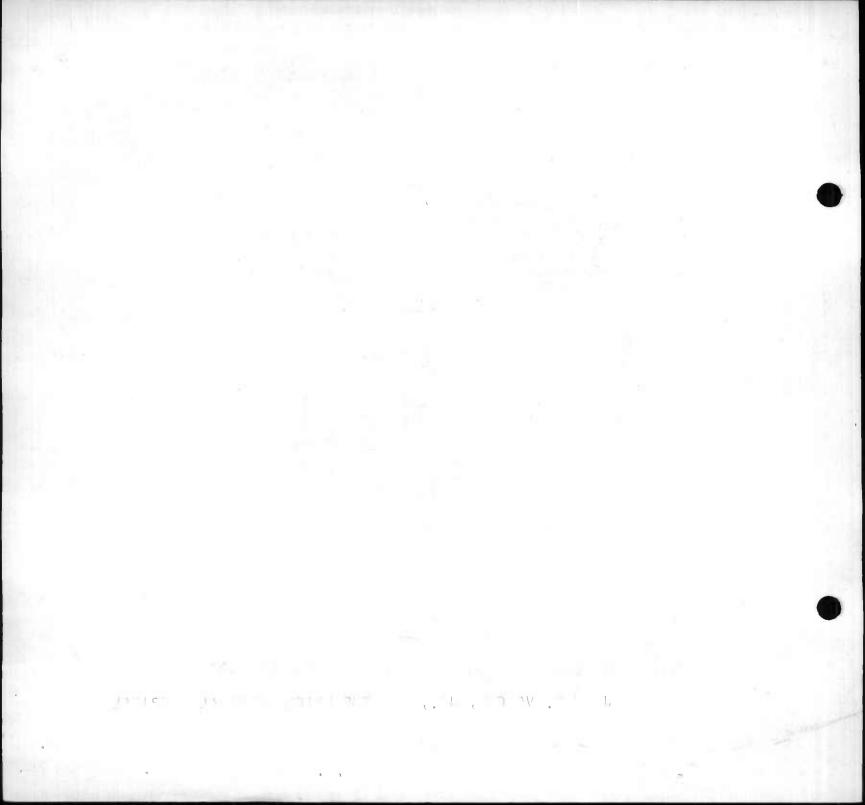
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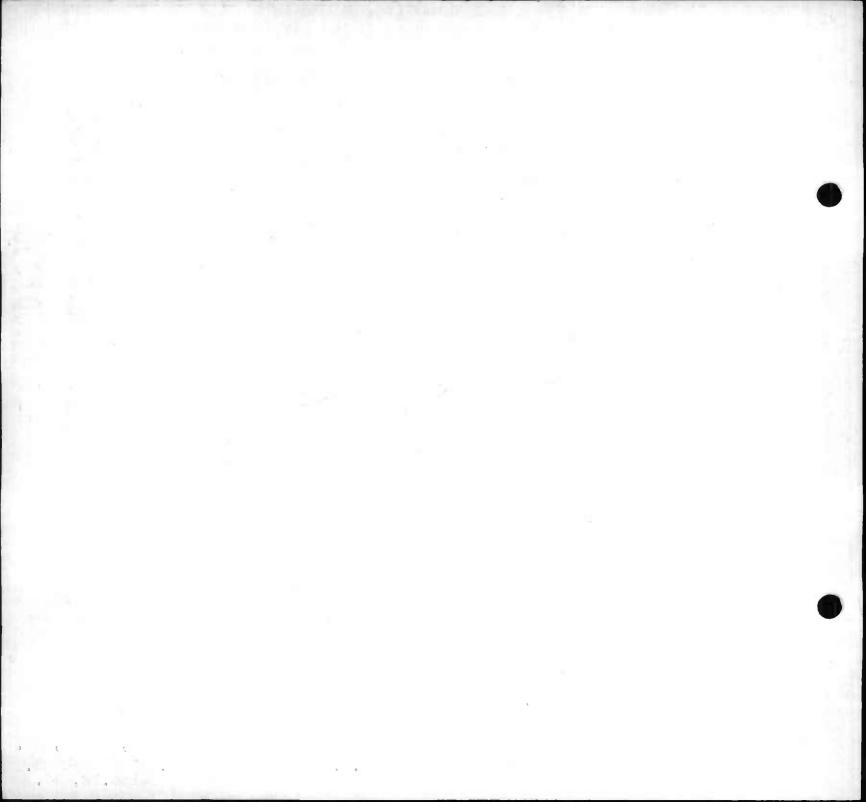
BALTIMORE CITY HEALTH DEPARTMENT

	1 No. 60 U934U	CERTIFICAT	E OF DEATH	Registered No.	6_09340
	CASE NO. AME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
	e or Print)	54	5 /	1 1415 11	700
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND) E	4. USUAL RESIDENCE Where	deceased lived. If insti	tution: residence before admission)
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A. STATE F. COUNT	7 1	/-
H	ULL NAME OF (If not in hospital or institution, given oddress or location) ISTITUTION		C. CITY OR TOWN (F guits	ide city limits, write RU	RAL programship)
111	()	. /	150/4:	MURE	11-14
177	1 1	// -//		ural, give location)	01
1	Nion Memorial	705p. TA1	214 /10	MANN,	Kal
5. SE		EVER AAA BRIED	DATE OF BIRTH	4	If Under 1 Yr. If Under 24 Hrs.
1	Male WIDOWED,	DIVORCED (specify)		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 108, KIND OF B		1. BIRTHPLACE (State or foreig		12. CITIZEN OF
done	garden and of Morphisalfy (V anount Applied)	ERSC	int.		WHAT COUNTRY?
1/	Vot KNUWN NOT.	ANOWN	MARY/A.	Nd	United States
13. F	ATHERS NAME GUH. MYERS	14	MOTHER'S MAIDEN NAM	IE .	
	1107-9111112	>	Not X	NOWN	
15. W	Vas Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17	7. INFORMANT	700274	ADDRESS
(Yes,	no or unknown) (If yes, give wor or dates of service)	SEBURITANO 973	1 Patient's C	hart	
0	18.	CAUSE OF		riac i	INTERVAL BETWEEN
	493		e contraction of the contraction		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1			48
	(This daes not meen the made of dying, e.g.,	(A) DUE TO	EUMONIA		10 200
	heart foilure, asthenia, etc. It meons the disease, injury ar camplication which coused death.)	DOE 10			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving	DUE TO			
	rise to the obave cause (A) sloting the	(C)			
	UNDERLYING CONDITION last.				***************************************
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
<u> </u>	DISEASE OR CONDITION CAUSING IT.		100 4		
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
	21A. ACCIDENT WAS UNDERLYING 218. PL	LACE OF INJURY (e.g., in o	or about 21 C. WHERE DID	(If in Bottimore C	City, give exact lacation)
	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner) etc.)	form, foctory, street, offic	e bldg., INJURY OCCUR?		
미요년					
144	OF INJURY	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX.) While Work	At Work			
-	22. I certify that (+) (this hospital) attended the		Sept 13+4	966 to Sep	+ 14th 10 66
	that (# (we) lost saw the deceased alive on		10 16		on death accurred on the date
11 1	and hour and from the causes stated aboxe. (*)		w the body ofter death.		
11 (23A. SIGNATURE	A	THE COUNTY OTHER GEOTHE	12	38. DATE SIGNED
		M.D. Attend	ding Med.	Stoff Stoff	Chulle
	form 1. Vaugh, f	Phys.	Director _	Phys.	7/14/66
1	PHYSICIAN'S NAME (Type)	231	D. ADDRESS		/
1	JOHN R. VAUGHN	JR . M.D.	THE UNION MEN	MORIAL HOSE	PITAL
244		AE of CEMETERY OF CREM			town, or county) (State)
	REMOVAL (Specify)	Outstand of Oktow		tony,	in the country of the country
]	Burial 9-16-66 Gre	enmount	Ba	ltimore	Md.
		REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
11	CED TR 1055 A A A C	Ja 12. 48	H.W. Jenkins	& Sons Co	.4905 York Rd.

VS 150-REV. 1/1/6S

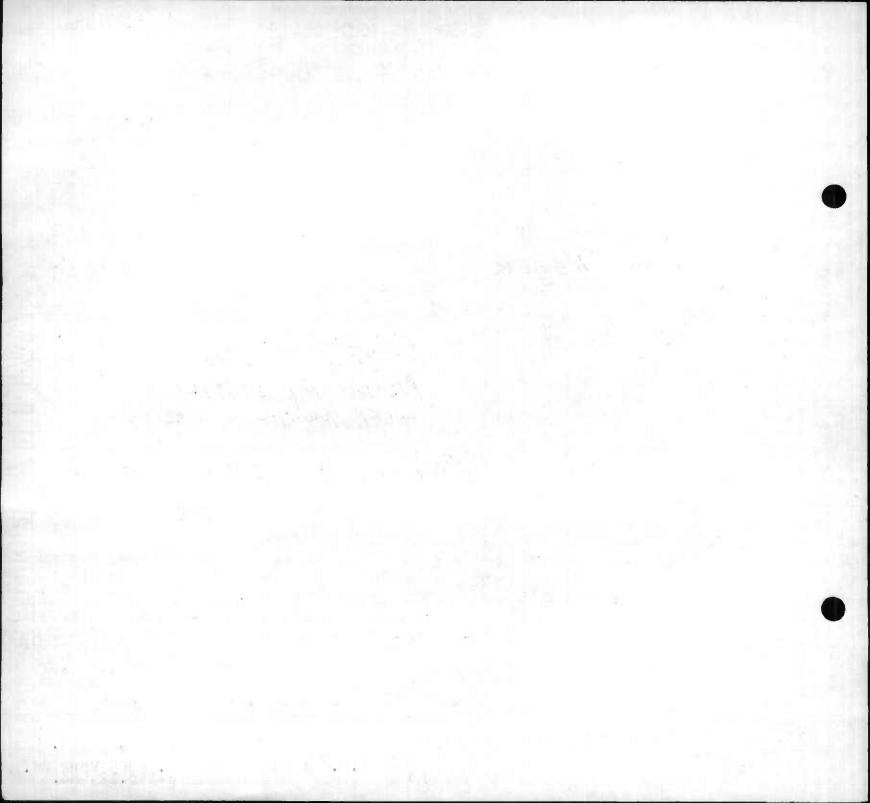


	66 09341	BALTIMORE CITY	HEALTH DEPARTMENT	V	66 09341			
1	H NO.	AN CERTIFICA	TE OF DEATH	Registered Na	00 00041			
1.1	AME OF DECEASED	1	2. DATE AN	HOUR OF DEATH	1115			
(Ту	De of Print) JOYCE F	LAW	9	15/66	X PM.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If in	stitution: residence before admission)			
	FULL NAME OF (If not in hospital or institut	ion, give street	Md. Br	olto.	Harford			
	HOSPITAL OR oddiess or location! NSTITUTION		C. CITY OR TOWN (If out	side city limits, write F	RURAL and give township)			
	C. ' ' *	1. 70	Fallsto	m, ma.	62-00			
4	2 Sinae 4	sospelas	D. STREET ADDRESS	urol, give locotion)	1'201			
5.	SEX 6. RACE 7 MARI	RIED NEVER MARRIED	8. DATE, OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
	T W WIDE	Grried (specify)	7/29/28	ost binhdoyl	Months Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work)108, KINI diduring most of working life, eyen if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country!	12. CITIZEN OF WHAT COUNTRY?			
F	lousewife- SALES OW,	· home - KETAK	MARYLAND		USA			
13.	FATHERS NAME	1	14. MOTHER'S MAIDEN NAM	A E				
	WALTER HAMMOND	/	Hanny C	assell				
	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS			
	No	770-24-0910	2 S. Vard	on- Wecan	18			
	1B. 600,0	CAUSE C	F DEATH	1,000	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
	LEADING TO DEATH (This does not mean the mode at dying,	e.g., (A)	Nemo		1 mels			
	hearl failure, asthenia, etc. It means the dise		^					
	injury at complication which caused death.) ANTECEDENT CAUSES (B) Yelone Plants 6 77							
		OUE TO						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
_	11							
0	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO							
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE E	FINDINGS CONSIDERED			
ERTIFICATIO	WAS PERFORMED	OK WINCH OFERANOR	Ver	IN CERTIFYING CAL	USES OF DEATH?			
2	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)			
CAL	DEATH (notify medical examined	etc.l	mice siage, mesoki occok:					
0.00	210-TIME (Month) (Doyl (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
2	(APPROXI	While At Work At Work						
	22. I certify that (I) (this hospital) attend	ed the deceased from	8/9/1	96 6 10 9	115/ 1966			
	that (1) (we) lost saw the deceased alive	91.	19 6 c ond the	it in(my) (our) opin	nian death accurred on the date			
	and hour and from the causes stated above	o(() (We)(did) (did not)						
23A. SIGNATURE								
	S. Colon	M.O. Att	ending Med. Director	Stoff Phys.	9/15			
	23C.PHYSICIAN'S NAME (Typel		23 O. ADDRESS	1				
	S. (Gordon M.D.	S. NA:	1962B				
244	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 240. LC	CATION (Ci	ly, town, or countyl (State)			
	Burial 9/19/1966	Belair Memor:	lal GardensRoc	k Spring	Road Belair Md			
254	. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		. 4905 York Rd.			
	ICO DEV	40 70 mm	TO WOULD THE	~ DOII2 00	Balto.12, Md.			
V 3	150-REV. 1/1/46 to 4 C 40 CC /// //	The state of the s	7 . 1 6 1 . 1					



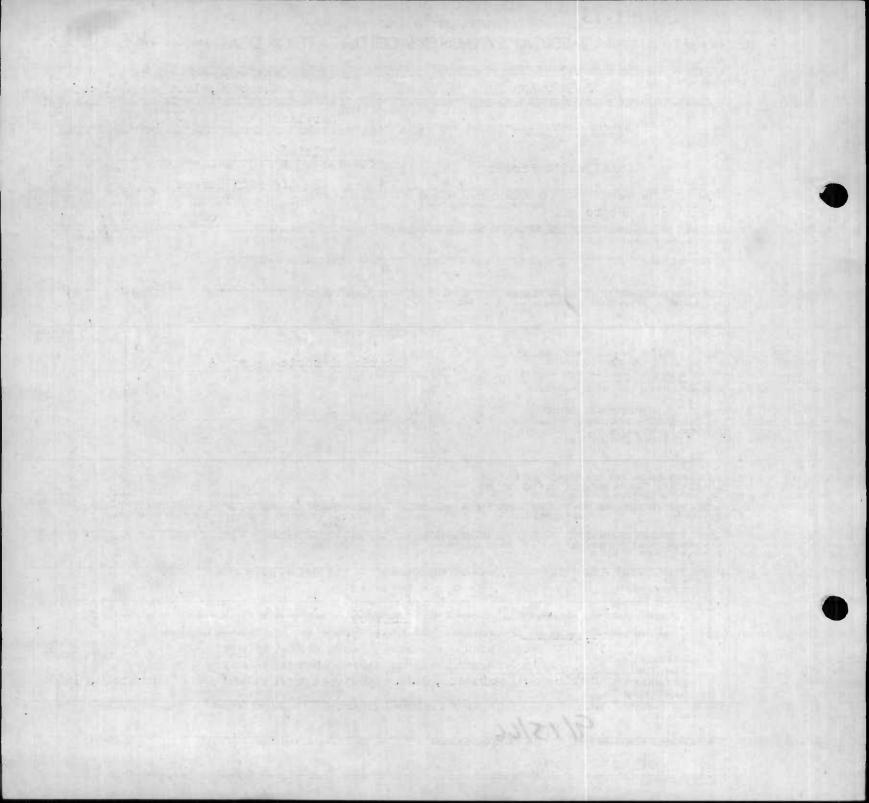
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

7	00	000010	BALTIMORE	CITY HEALTH DEPA	RTMENT		00 00015
- 11	TH NO.	09342	CERTIFI	CATE OF D	EATH R	egistered Na	66 09342
1.1	The or Print	THA	B. Sim	on	2. DATE AND HO	J 196	S & Am
	PARYLA FULL NAME OF III	not in hospitol artinsti	NERAL HO	SP. A. STATE	ACYLA!		ond give to inshire
16	LIN	DENA 1	MADISON/	D. STREET ADI	TIMOR	2E give (acation)	
	6 17.	AIN.,	2 1/3	1203	3 Fou	N9 //	LL PD.
	SEX 6. RACE	N WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specif	1/19	18/ lost bi	1 4 N	Under 1 Yı. If Under 24 Hrs.
dor	OUSEW PO	aven if entired)	1 N HOME	G G	ERMAN	Name of the second	2. CITIZEN OF WHAT COUNTRY?
2	JOHN	WEBE	R	14. MOTHER'S	LRIST	IANA	VOFIKEL
15. (Ye	Was Deceased Ever in Uses, no ar unknown) (If yes, g	. S. Armed Forces? ive war ar dates of se	rvice) 16. SOCIAL SECURITY NO.	179 L O	OLSE	J. Mo	- Md GENIL
5	DISEASE OR CO	ONDITION DIRECTLY	CAU	SE OF DEATH	auoua	ge	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon heart failure, astheria, injury or complication	etc. It means the di	sease,	CMONA 1	m 127	750 Y	
	DISEASES OR CON- nise to the above UNDERLYING CONDI	DITIONS, if ony,		HEBURH	consist.	, ICAZ	Vars
ATION	OTHER SIGNIFICANT OF THE DEATH B	UT NOT RELATED	BUTING MALIGN	may of		פש גורמ	oman
CERTIFICA	2 NONE	WAS PERFORME	FOR WHICH OPERATION	20A. AUTO	SY? (Yas ar Na) 20B, IN	IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CALC	OR CONTRIBUTING	AUSE OF	21 B. PLACE OF INJURY (hame, farm, factory, stra	e.g., in ar about 21 C. W at, office bldg., INJUR	HERE DID Y OCCUR?	11f in Baltimare Ci	ty, give exoct lacation)
MEDI	OF INJURY (APPROX.)	(Day) (Yaar) (Hau	While At Not	While Work	OW DID INJURY O	CCUR?	2
	22. I certify that (\$\vec{a}\) that (\$\vec{a}\) (we) last saw		e an		19 6	7	n death accurred an the date
	()		ave. (I) ((did) (did)				B. DATE SIGNED
244	23C. PHYSICIAN'S	V. W	Den M.D.	Attending Phys.	Med. Staff Phys.		9/15/66
	LOUIS	0, 6	C - 70	M.D. Md	. 6er	1'2 /	tasé
- 11	REMOVAL (Spacify) Burial	9/17/1966	Parkwood	CREMATORY	Rel +1		awn, ar county) (State)
25/	A. DATE REC'D BY HEAL		AME OF REGISTRAR		nkins &	more Cour	4905 York Rd.
VS	150-REV. 17-65	1966 (P. P.)	E Calculate	A A 21		Ba]	to.12, Md.



66 09343 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD JOHN OWENS August 19, 1966 12:15 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY A. STATE Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (II rurol, give location) 404 Aisquith Street 00 404 Aisquith Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdov Months, Doys, Hours, Min. Male Negro 63 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21F. HOW DID INJURY OCCUR? (Doy) 21 E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT 22. Autopsy I certify that I held an Inquiry Inspection and that an this basis, deoth in my apinion

CERTIFI 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact locations hame, form, factory, street, office bldg., NJURY OCCUR? Σ resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Charles S. August 19, 1966 EXAMINER'S NAME (Type) (City, town, or county) --- (Stote) 23A, BURIAL CREMATION, 23B. DATE 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION REMOVAL (Specify) 248 NAME OF REGISTRAR 24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/65



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a hospital and

		CITY HEALTH DEPARTMENT	
11	H NO. 66 09344 CERTIFI	CATE OF DEATH Registered	No. 66 09344
1, N	CASE NO. AME OF DECEASED e or Print)	2. DATE AND HOUR OF DE	EATH A ! A
3. 1	LACE OF DEATH IN BALTIMOTE, MARYLAND	4. U5UAL RESIDENCE Where deceased lived	d. If institution: residence before admission
	ULL NAME OF (If not in hospital or institution, give street oddiess or location)	C. CITY OR TOWN A outside city limits.	22-02 write RURAL and give township)
4	astitution	D. STREET ADDRESS All rurol, give location	E # 2/230
S	outh Baltimore General Ho.	Sp. 840 S. She	arp St.
5. 5	6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	8. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min.
10A don	USUAL OCCUPATION (Sig) Innove work 10B, KIND OF BUSINESS OR INDIduring most of working life, wen it retired)	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	ATHER'S NAME	GrasonVIIE MO	<i>l</i> .
15. (Ye:	Vos Deceosed Ever in U. S. Armed Forces? on or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. DISEASE OR CONDITION DIRECTLY	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ł	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	calculation of the	rebed
	heart foilure, asthenia, etc. It means the disease, injury at complication which coused death.) ANTECEDENT CAUSES (B)	Pulmonan libra	esco
	DISEASES OR CONDITIONS, if ony, giving	O si a Mai i 2	1
	rise to the above cause (A) stoling the IC) UNDERLYING CONDITION last.	rymeac freme	ce review.
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? I'Ves or No. 20 B. IF YES, V IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
A P	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21B. PLACE OF INJURY home, form, factory, streetc.)		altimore City, give exact location)
MEDIC		t While	
	22. I certify that (this hospital) attended the deceased from	9-3 19 66 to	9-11 1966
	that (we) lost sow the deceased alive on 9-		r) opinion deoth occurred on the do
	ond hour and from the couses stated above. (I) (We) (did) (did	not) view the body ofter deoth.	DATE SIGNED
	23A. SIGNATURE MALA MAD.	Attending Med. Staff Phys. Director Phys.	9-12-66
	23C. PHYSICIANS NAME (180e)	23D. ADDRESS	1 1/
244	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY	or CREMATORY A 240. LOCATION	EGENEVA VITOS

16/66

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

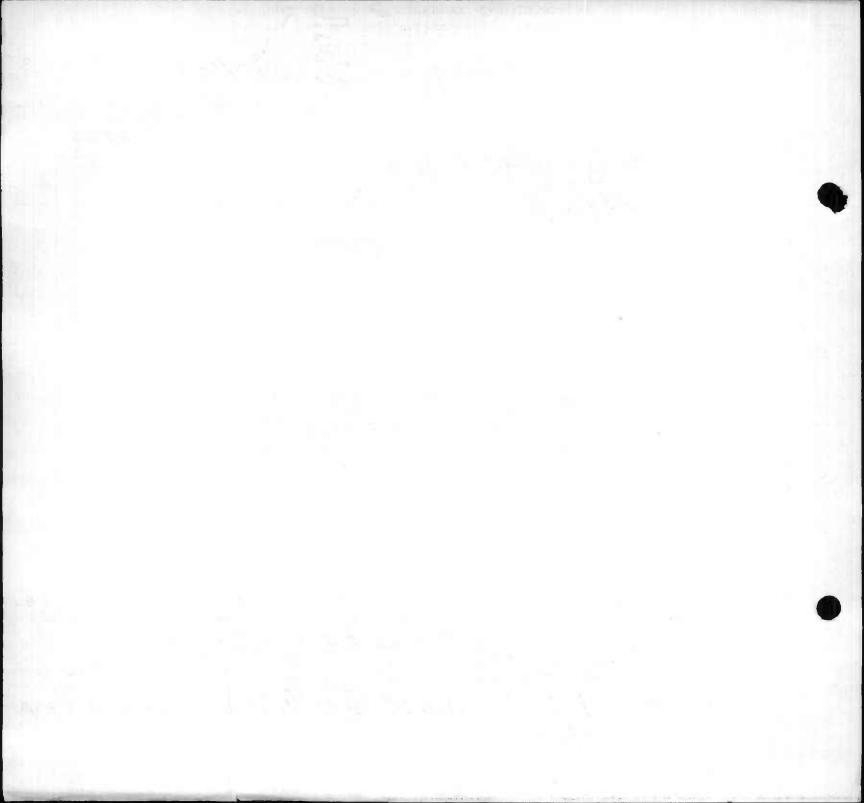
25B. NAME OF REGISTRAR

Fallen MA

ADDRESS

25C. FUNERAL DIRECTOR

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Undetermined death direct 4 IMPORTANT kind; any or his of fracture examiner DIRECTOR: examiner. 3 the chief medical medical burns; FUNERAL 0 2 to the hospital nature; approved

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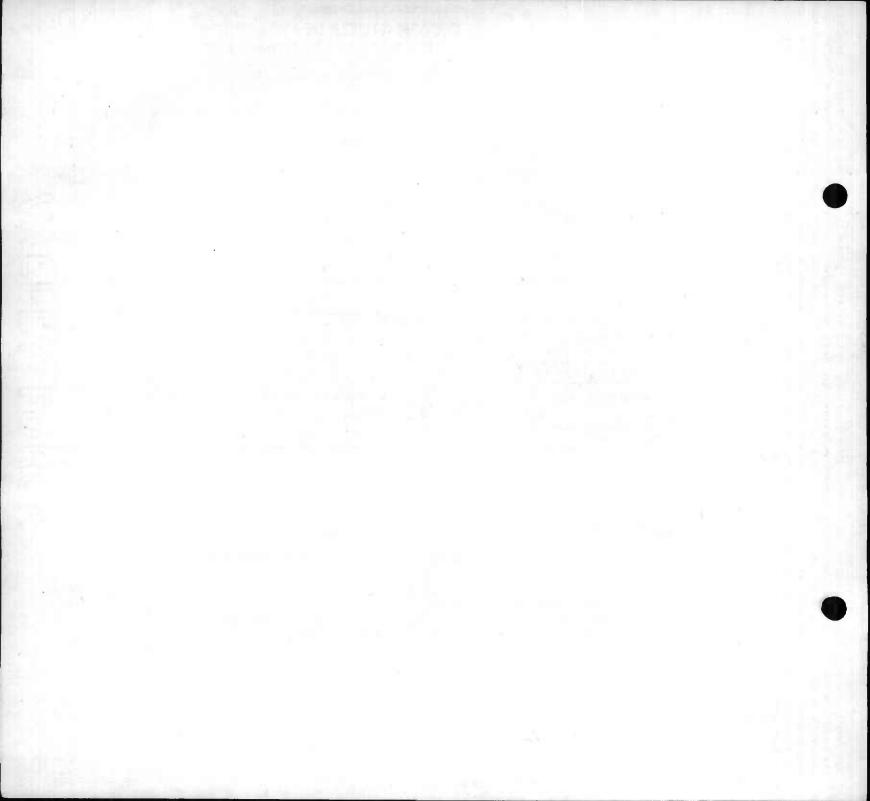
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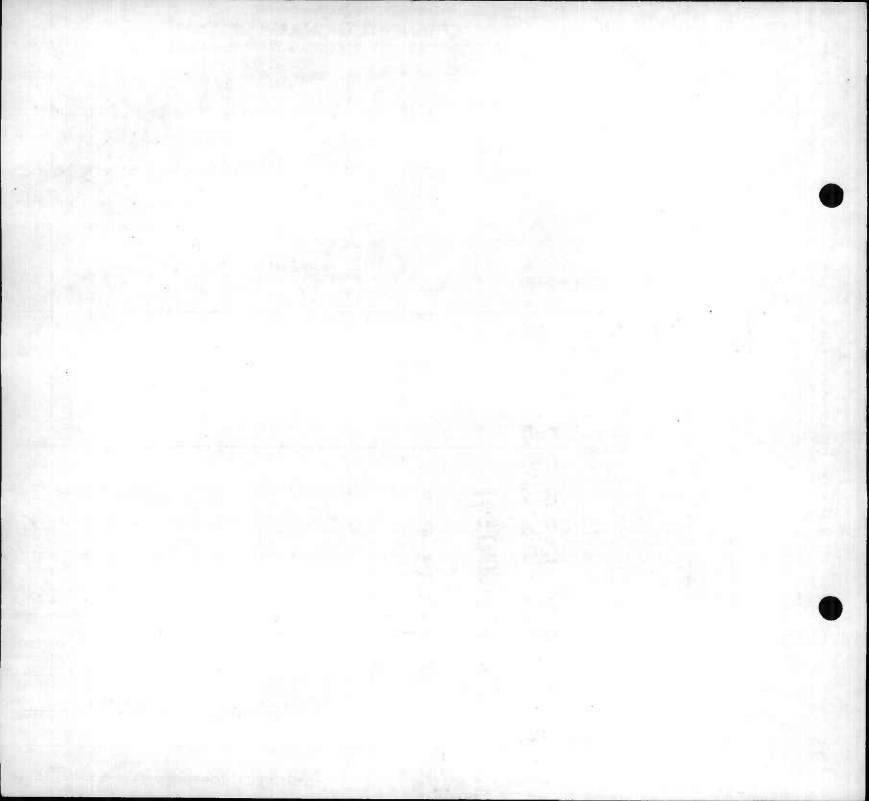
must

BALTIMORE CITY HEALTH DEPARTMENT 66 09345 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Sept 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN B. COUNTY A. STATE (If not in hospital or institution, give street **FULL NAME OF** HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS rurol, give location) 5. SEX 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdon Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 66 INSUFF OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram 9.5EPT. that (I) (we) last saw the deceased alive an... 19 66 ...and that in(my) (aur) opinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Stoff written approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type STANLEY M.D 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** VS 150-REV. 1/1/65



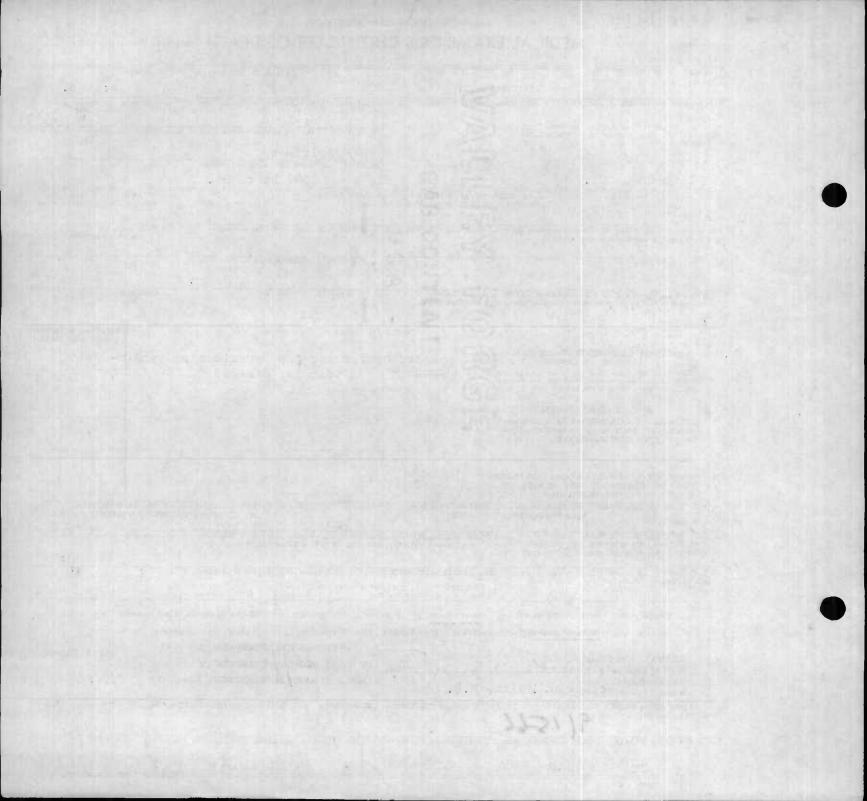
1-	-5	5	. <	9	i
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 👠	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔼	written approval must be obtained before the remains are embalmed or final disposition is made.
	-	V	>	U	>

	BALTIMORE CITY	Y HEALTH DEPARTMENT	66 09346
BIRTH NO. 66-18493	CERTIFICA	TE OF DEATH Registered	No. 00 00040
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH (, em)
Type or Print) Jones, Bab	Girl	8-26-60	
PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Where deceased live	
FULL NAME OF (If not in hospital or instit	ution awa street	md -	17-01
HOSPITAL OR oddress or location)	orion, give sneer	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
30		Baltimore	
11	1 0	D. STREET ADDRESS A (If rurol, give locoti	on)
University Hosp	roc	900 thank	Ane
	RRIED, NEVER MARRIED	B. DATE OF BIRTH (7. AGE (In year	Months: Doys Hours: Min
	en marriel	8-26-66 lost Binnay	9 15
OA. USUAL OCCUPATION (Gito kind of work 108, KII		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		Balto mil	USA
3. FATHERS NAME		14. MOTHERS MAIDEN HANE	
2		Mullen (In	ion /
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	vice) SECURITY NO.	00 * //	
No -		Chair O	
18. 776 X 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Immolovity	10.
(This does not meon the mode of dying, e.g.,			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)			
UNDERLYING CONDITION Iosi.			
7 11			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES.	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		IN CERTIFYIN	G CAUSES OF DEATH?
U 2TA, ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in 8	oltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
(APPROX)	Work At Work		05 02.
22. I certify that 🥰 (this hospital) atter	ded the deceased from 1	Jon 8-26 1966 10	11 pm 1-6 19 61
that 😘 (we) last saw the deceased aliv	on 8-26-6	6 19 and that in (au	r) apinian death accurred on the
and haur and from the causes stated abo	ve. (i) 196 (did) (did noi)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Exmand 1	QG mom.a. At	rending Med. Stoff Phys.	8-26-66
23C. PHYSICIAN'S		23D. ADDRESS	110000
NAME (Type)	P. IT M.D.	ANATALIA	Hand Die
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	ANAOMICISM	(City, town for county) (State
REMOVAL (Specify)	The state of the s	IOHNS HADVING	DICAL CCHOOL
7/13/66	ALLE OF BEGIETTS AS	JUHYS HUPAINS ME	THEAL SCHOOL
25A, DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 1.6 1966 (1) 00	Per stadber Holl	MORTHARY	SERVICE RCHD
VS 150-REV. 1/1/65		A STANDARD OF THE PARTY OF	DENTITUE - DONE



S-536 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 U9347

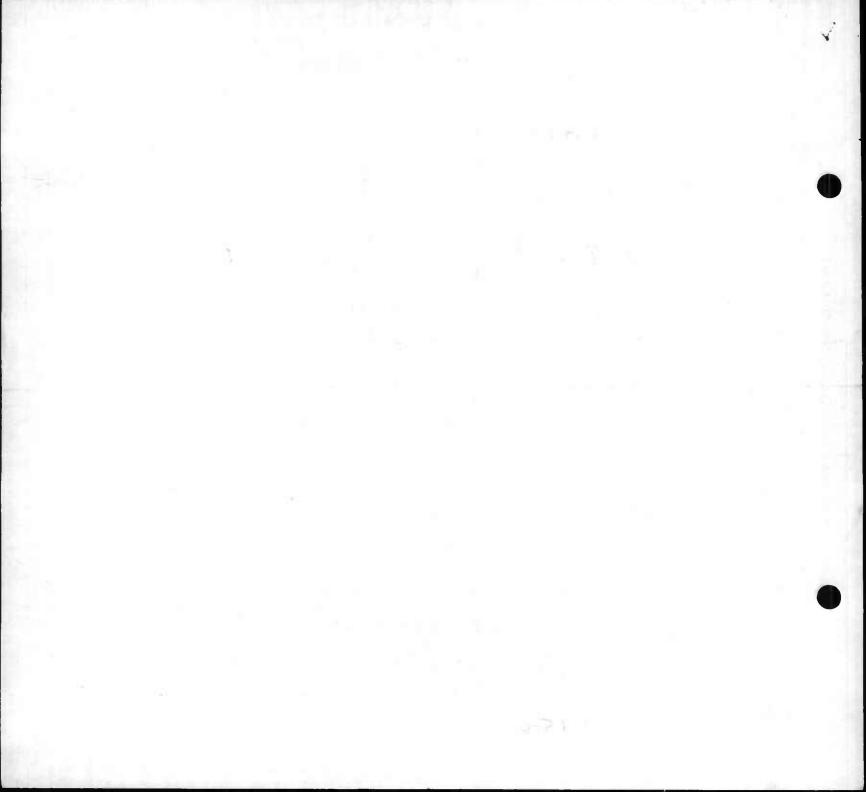
74120	TOAL EXAMINATION	EKTITICATE OF DE	-/-	
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AND	HOUR PRONOUNCED DE	AD
(Type or Print)	ebecca Smith	Z. DATE AND	9/6/66	4:40 a.
3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where de		M.
		A. STATE Maryland	B. COUNTY	1500
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside of	corporate limits, write RURA	L ond give township)
INSTITUTION		Baltimore		
00		D. STREET ADDRESS (If rurol, gi	ve location)	A
1308 Bruce St.		1301 Bruc	e St.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		nder 1 Yr. If Under 24 Hrs.
female colored	WIDOWED, DIVORCED(specify)		lost birthdoyl 43 Mon	ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12. C	TIZEN OF
done during most of working life, even if retired)			· ·	VHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	ADD	RESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) SECURITY NO.			
18.				1
443 XI	CAUS	E OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION D	RECTLY Arteri	osclerotic and hyp	ertensive care	dib-
(This does not meon the mode o	f dving, e.g., (A)	vascular dis		
heart failure, asthenia, etc. It mean injury or complication which coused	s the disease, death.)	70000201 020		
ANTECEN DENT CARE				
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF	(R)			
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE			
	(C)			
9				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R				7. 17.
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. CO				
19A. DATE OF OPERATION 19B. COL	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDING	
		no		
V 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-UTING □ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	in Boltimore City, give exo	ct location)
	etc.)			
21D TIME (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT NOT AT	WHILE WORK		
22.				
I certify that I held an	Inquiry . Inspection x A	utapsy and that an this	bosis, deoth in my opi	nian
resulted from: Notural co	Accident Suici		determined manner	
1,110	16/1	CHIEF MEDICAL EXA		DATE SIGNED
SIGNATURE VENT	45 h. 5ri (M.I	ASSISTANT MEDICAL EXA	MINER	
EXAMINER'S HOPPOR II	. Spitz M.D.	ASSOCIATE MEDICAL EXA		9/7/66
ITAME (Type)			100	TARD.
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	or CREMATORY 23D. LOC	ATION (City, town,	or county) (Stafe)
7/1	5-6-6	The same of the sa	A SETUCAL	SCHOOL
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	MILLUIDING	ADDRESS
SED 1 8 1000	Rlate E. Falley M.	MORTH	ARY SERVI	CE RCHD
V\$ 151-REV. 1/1/65	The state of the s	MANAGE	ARREA STILL	Ar - DAILD
V3 131=KEV. 1/1/03		63 () 3		



66,09348	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 09348
BIRTH NO. 66 - 19118	CERTIFICA	ATE OF DEATH	Registered No.	/ /
I, NAME OF DECEASED	GLASS	2. DATE AN	HOUR OF DEATH	n ,
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE I Whe	e deceased lived. If instit	utian: residence befare admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location) INSTITUTION	tian, give street	MD.	tside city limits, write RUF	12-03 RAL and give township)
SINAL HOSPITAL O	F BALTIMOD	D. STREET ADDRESS III	ruial, give location)	
+2		406 2.2	4 49 ST.	
M N WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) ,	9/7/66	lost birthday) MRS.	f Under 1 Yr. If Under 24 Hrs. Nanths Days Haurs Min.
dane during most at working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTHPLA CE (State at fale	ign country)	2. CITIZEN OF WHAT COUNTRY?
		BALTIMOR	E MD	V.S.
13. FATHERS NAME ROVESTER GLA	ŝŚ	BABBAR	A HUNT	ER
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ai unknown) lift yes, give war ar dates af serv	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
NO Service and a date of the service and the s	SECORIT NO.	HOSPITAL	CHART) -	
18. 762 01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	On	MARY APNO	E 14	14 412 200
(This does not mean the made of dying,		(INCHIC HIVE		11111. 2011
heart foiture, osthenia, etc. It means the dis- injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)	00=000000000000000000000000000000000000		
DISEASES OR CONDITIONS, if any, g	DUE TO			
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe C)			•
11				1
OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		an, M		
	FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No	20 B. IF YES, WERE FIN	DINGS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g.,	in or about A.C. WHERE DID	(If in Baltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	hame, form, factory, sheet, etc.)	office bidg.(MNJURY OCCUR?	Name of the last o	
O 21D TAKE IMANTE IDON IVant (Hand	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whi Wark At Wark			
22. I certify that (I) (this hospital) attend		17 (7:24 AN)	1966 10 9/7	(944 PM) 19 66
that (I) (we) last sow the deceased alive	on 9:20 M	9 /7 19 GC and th	ot in (my) (aur) opinla	n deoth accurred on the dot
and hour and from the causes stated above		- /		
23A. SIGNATURE	1		23	B. DATE SIGNED
23 C. PHYSICIAN'S	frank M.D. At	tending Med. pirector 23D. ADDRESS	Staff Phys.	9/7/66
NAME Type SHELDON	M. FRANKM.D.	1 11-5015	AL OF BA	LTIMORE
REMOVAL (Specify)	C. NAME of CEMETERY OF CE	REMATORY 24D. L	OCATION (City,	tawn, or county!A
9-15-64	*	HMINEDCITY	VEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/65	29-9 An. any	MOR	TUARY SER	VICE BCHD
V3 130-REV, 1/1/03				



1	Pic amp	30	66 093	349	BALTIMORE CITY	HEALTH DEPARTMENT		66 09349 4
7		H NO. 66	-17593		CERTIFICA	TE OF DEATH	Registered No	
:	1, N	AME OF DECE e or Print)	Benne	77	BABy Bo	1	8/3/ /G 6	1100 Am.
	3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND	f	A. STATE B. COI		stitution: residence before odmission)
	H	ULL NAME OF	(If not in hospital oddress or location		ve street	C. CITY OR TOWN (III)	outside city limits, write R	URAL ond give township)
			Sinai	Hos	pital	D. STREET ADDRESS	If rurol, give location)	
ò	中。	2	<u></u>				'elabash	Cwe.
		nole	Negro	WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			PATIONIGIVE kind of work rorking lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
202	13. F	FATHER'S NAM	A .	44		14. MOTHER'S MAIDEN N		
	16 4	712	ed Beni		16 00000	L Q L	A Black	ADDRESS
3	(Yes	, no or unknown)	Ever in U. S. Armed Fer (If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
5		18. 760	.0		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) BRAIN Jamach 2						
		heart failure,	al mean the made af asthenia, etc. It means plication which caused	the disease.	DUE TO	(7	
			NTECEDENT CAUSES	deom./	(B) L	aprica		
0			R CONDITIONS, if abave couse (A)		(C)	(
SIL		UNOERLYING CONDITION loss.						
геша	MOIL	TO THE DE	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
e Tue	CERTIFICATION	19A. DATE OF		DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes	No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
Desco		OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. I home etc.)	PLACE OF INJURY (e.g., ir , form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
5	ā	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
5		(APPROX.)		Work				
22. I certify that (1)(this haspital) attended the deceased from 5/3/1966 to 5 that (1)(we) last sow the deceased alive an 8/3/1966 and that in my (aur) apinion death of								/
- 0				10		iew the bady ofter deatl		ion death accurred on the date
SOF	1 (23A. SIGNATUI		1				23 B. DATE SIGNED
5		22C PHYSICIAL	antero	1/8	en Phy	nding Med. Director	Stoff Phys.	8/31/66
		23 C. PHYSICIAI NAME (Ty	SAN+C	RD	LEVIN M.D.	Sinc	re the	soital
2	24A	BURIAL CREA	MATION, 24B. DATE	24C, NA	ME of CEMETERY OF CRE	MATORY 24D.	· LOCATION - CCI	y, -talvn, vor-county) (Stote)
D			9-19	-66		UNIVERSITY	VALCAL	SCHOOL
	25A	. DATE REC'D	SEP 16 196	25B. NAME OI	F REGISTRAR	25C. FUNERAL DIRECT	MORTHARY	SERVICE BCH
	VS	1 SO-REV. 1/1/6		4905,389,4		935	AVILL OTHER	DLM I IOL - DOW



V\$ 150-REV. 1/1/65

GG-18914 09350	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000 4
BIRTH NO. 00 U333U	CERTIFICA	TE OF DEATH	Registered No	66 09350
M.E. CASE NO. I, NAME OF DECEASED			HOUR OF DEATH	
Type of Print) BARKOLPI "R"	Butler		6 6	6'150
PLACE OF DEATH IN BALTIMORE, MARYLAND	DCC 11C1		deceased lived, If insti	tution; residence before admission)
FULL NAME OF (If not in hospital or institution, given the HOSPITAL OR address or location)	ve street	A, STATE B. COUNT	15	-13
SINAI HOSPITAL		BALT.	de city limits, write ko	KAL one give lownship?
3/10/4/ // // // //			rol, give location)	1/ /
12		2906 RIDGENE	od ave,	salto, 15, xid.
WIDOWED,	DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st binhday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF E	BUSINESS OR INDUSTRY	17. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ε _	0 3
LEON BUTLER		SheliA	(?)	
5. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (If yes, give war or dates of service)	6. SOCIAL	17. INFORMANT		ADDRESS
24,110 O. GUKUD WILL HE YES, GIVE WOL OF ODIES OF SEIVICE	SECURITY NO.			
18.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		- 40 - 1 - 1		ONSET AND DEATH
LEADING TO DEATH	(A)	MMATURIT	Y	33 Ms 30 m
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury or camplication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving				
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(C)	***************************************	0 00 00 00 00 00 00 00 00 00 00 00 00 0	
11			· ··-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yps for No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
J 21 A. 'A C CIDENT WAS UNDERLYING [21 B. P	PLACE OF INJURY (e.g., i form, foctory, street, o	n ar about 21C. WHERE DID	(If in Boltimore C	City, give exact location)
2	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) While	Not While			
22. I certify that (1)(this haspital) attended the			66 10 9	16 19 66
C	16			an death accurred an the date
that (I) (we) last saw the deceased alive an			in(my) (dur) apinio	an dearn accurred an the date
and haur and frain the causes stated above.	(We) (did) (did nat)	riew the bady after death.	1-	
23A. SIGNATURE	A.D. Atte	ending Med. S	toff 2	3B, DATE SIGNED
Llaga I. Mam	Phy	s. Director P	hys.	7/6/60
23C. PHYSICIAN'S NAME (Type) LOYD I. KRAME		SINAI	Hospi	TAL
4A. BURIAL CREMATION, 24B. DATE 24C. NAN	ME of CEMETERY of CR	EMATORY 24D. LO	CATION (City)	town, or county! A Sote)
9-15-64		HIALBY/CD CTT	V TENIC A	L SCHOOL
SEP 16 1966 258. NAME OF	REGISTRAR	25C FUNERAL DIRECTOR	IIIIDW CD	DELICITION



if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased

any

4

0

to the hospital

accident of any nature;

the body was released shows: (1) An accident

the

approved

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED U_O (Type or Print) AUG. 28, 1966 BABY CONAWAY BOY death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance Baltimore FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street address or lacation) (If autside city limits, write RURAL and give tawnship 0 Baltimore prior Hosp. of Balt. D. STREET ADDRESS (If rural, give lacation) Lucille in regular disposition is made 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. S EX deceased WIDOWED, DIVORCED (specify) last birthday NEgro never marrisb IDA. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) Maryland none none Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fosten LO death 15. Wos Deceased Ever in U. S. Armed Farces? (Yes,na arunknawn) (If yes, give war ar dates af service) 17. INFORMANT 6. SOCIAL SECURITY NO. final Hospital attendance none NO 1B. == CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the mode of dying, e.g., regular heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. Wds П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or Na) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the None fore 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DtD hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) where OR CONTRIBUTING CAUSE OF °Z DEATH (natify medical examiner house MEDICAL obtained 21 D. TIME OF INJURY (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Nat While (APPROX.) and At Wark 22. I certify that (1) (this hospital) attended the deceased from AUG 17 196619 28 death); 19 66 that (I) (we) lost sow the deceased alive on... hospital ond hour and from the causes stated above ((1))(16) (vid mer) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. deceased prior to written approval approval Director 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 40 M.O. was D.O.A. TOTAL DOLDE 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY A 24B. DATE 24D, LOCATION / LOCATION / Location (City, town, for county) REMOVAL (Specify)

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

www.

If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours

WHAT COUNTRY?

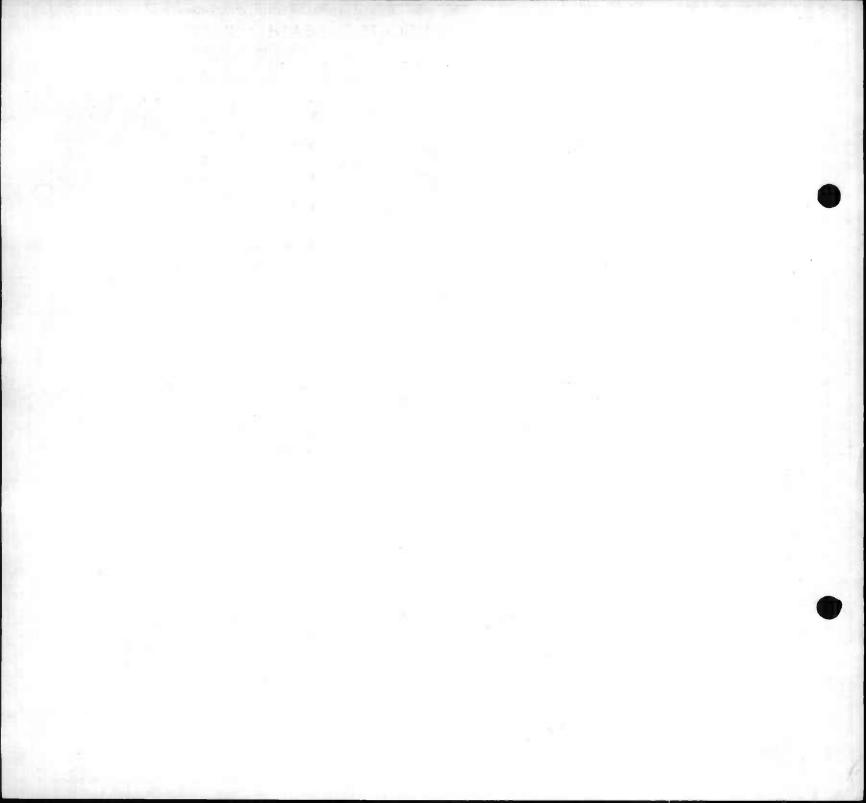
IN CERTIFYING CAUSES OF DEATH?

.... and that in(my) (our) opinion death occurred on the date

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

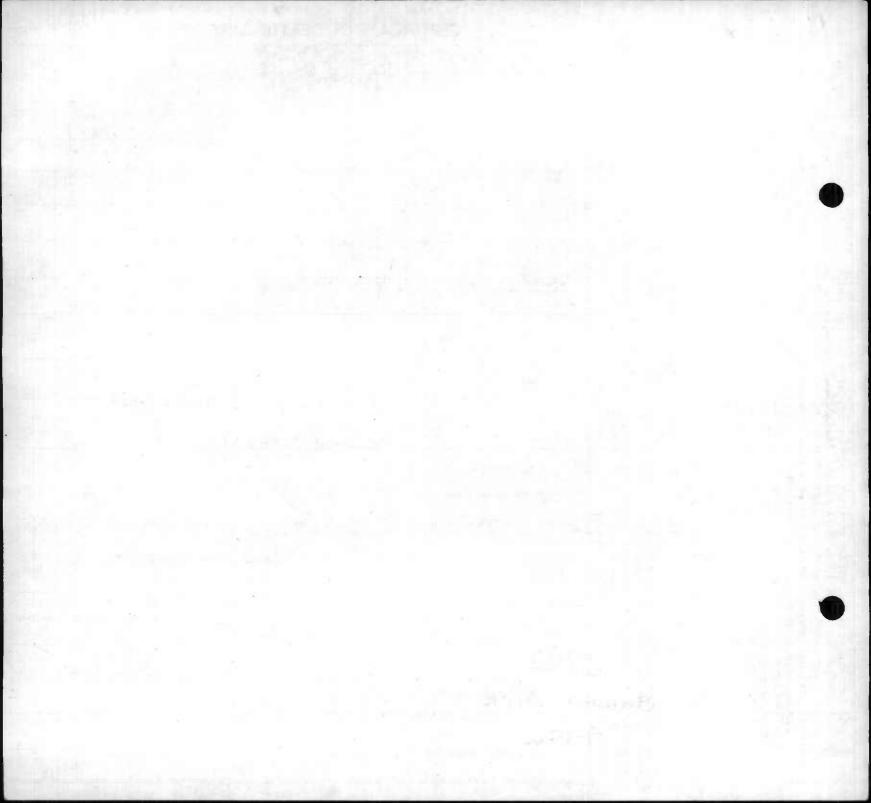


66-18012	BALTIMORE CITY	HEALTH DEPARTMENT	66 09352	
BIRTH NO. 66 09352	CERTIFICA	TE OF DEATH Registered	No. 00 00002	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH	
(Type or Print) Baby Boy	20119	Aug. 27 1	96613: 45 AM	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wifere deceased lived. A. STATE B. COUNTY	If institution: residence befare admission)	
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	Md. Baltim		
HOSPITAL OR oddress or location) INSTITUTION		and little is a second	write RURAL and give township)	
142	2 14	D. STREET ADDRESS (If rural, give location		
Sinai Hospital of	Baltimore	118 CEGarmere	Rd.	
l (· L , WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
Male wash ben	Er marriso	409.21, (166 -	6	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
	320	Many land	U. S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2	
- UNKHOWN		- 24KNOWN C	arol Polly	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No	none	Hospital chart		
18. 773,51	CAUSE O	F DEATH	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY		. (0 (ONSET AND DEATH	
LEADING TO DEATH	(A) Ve	spiratory factor	e 5 min.	
This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	ase.			
injury or camplication which caused death.)	D	rematurity	(De	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi	-			
rise to the above couse (A) stoling UNDERLYING CONDITION tost.	The (C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE hour			
19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes for No) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?	
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	e or chaut 21C WHERE DID. (If in Rol	Itimore City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	minore only, give exact locations	
Q 21 D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)	While At Not Whi	le 🦳		
	Work At Work			
22. I certify that (I) (this haspital) attend			Aug 27 19 66	
that (I) (we) last sow the deceased alive	on cluq XT	19 6 and that in(my) (our)) opinian deoth occurred on the dat	
ond hour and fram the couses stated above	e. (1) (16) (did) (did 10)	view the bady after death.		
23A. SIGNATURE			23B, DATE SIGNED	
Cealut T. (b)	Cloan M.D. Att	ending Med. Stoff Phys. Director Phys.	009 27, 1966	
23C, PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D.	1811503551 00 1	DO OF MADVIAND	
	C. NAME of CEMETERY of CR	EMATORY AND LOCATION	- (City, town, of county) (State)	
REMOVAL (Specify) 9-15-66		TIRISTON CETTY AS	EDICAL SCHOOL	
AW	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS	
351 10 1966	Lat & Kaleny	200000000000000000000000000000000000000	SEDVICE - DCV	
VS 150-REV. 1/1/65	- CARLON TO STARTING	TIO BURIUANI	SERVICE D'	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such experise approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cases of the property FUNERAL DIRECTOR: IMPORTANT

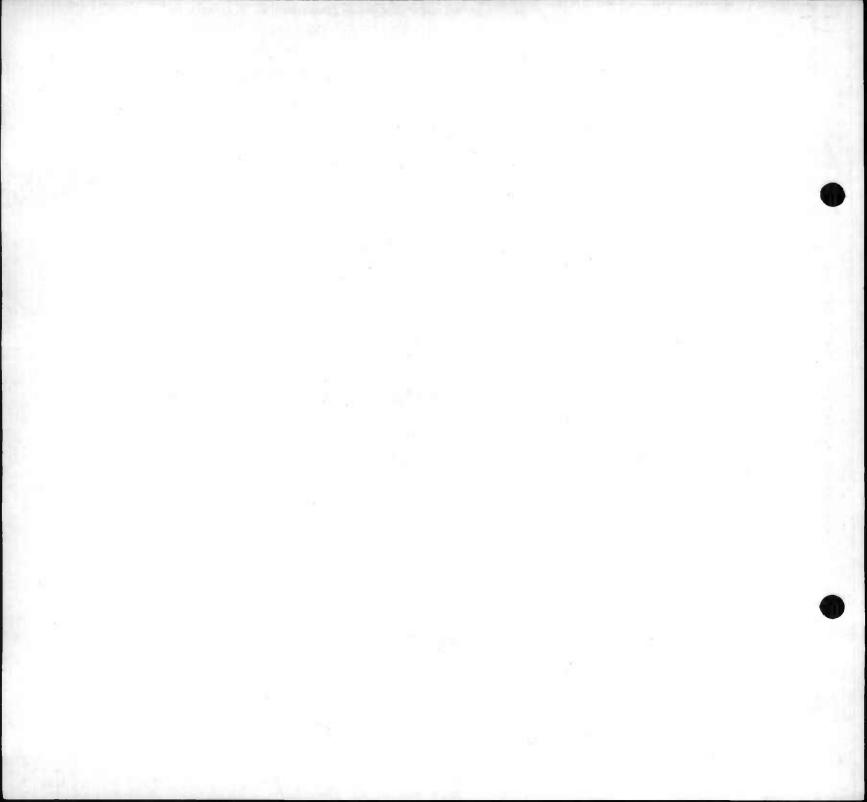
14 100CC 00059	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 09353
BIRTH NO. 46 7 8930 USSOS	CERTIFICA	TE OF DEATH	Registered Na	00 00000 2
M.E. CASE NO.	CERTIFICA		\	
Type or Print)		2. DATE A	ND HOUR OF DEATH	- 575
Rim ELISE 1	nillER	SEX	T. 10,196	6 1 8 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If ins	titution; residence before admission)
		A. STATE B. COUP		
FULL NAME OF (If not in hospital or institution, give	streel	ma. B	Altimore	25-29
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give township)
1157		PHOENI	X 2 3	1/3/
178, 110		D. STREET ADDRESS (If	rurol, give location)	
Md. I-EN HO.	Sp	2 1/0///	Y GREEN	Carrat
1110.00211.110	1	1 3 VAILE		
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	% AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WhitE INF	ANT	MAY 25, 1966		3 15
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU		11. BIRTMPLA CE (State or lore		12. CITIZEN OF
done during most of working lite, even if retired)		,		WHAT COUNTRY?
		ma		U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
0		0	1 -	2
GARY MILLER		GRACE B	RAIDEN	BAUGH
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	SOCIAL	17. INFORMANT		ADDRÉSS
tres, no or unknown (ii yes, give wor or doles or service)	SECURITY NO.	- 11		SAME
		MOTHER		OAME
18. 75 3./1	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			-	ONSET AND DEATH
LEADING TO DEATH	Gu	was mia No	at Disease	
(This does not mean the mode of dying, e.g.,	DUE TO			
heart foilure, asthenia, etc. It means the disease,		. 0	1 1	
injury or complication which coused death.)	4	ingenidal C	endual	
ANTECEDENT CAUSES	DUE TO	31000 = 0:00 =	Cramos	TANIS
DISEASES OR CONDITIONS, il any, giving		www. aeres c		
rise to the above cause (A) stating the	(c) Mul	tiple Congenity	Anomalie	3
UNDERLYING CONDITION last.	1	diament of	Nhablasi	2
11	/>-	accent -	1/10/100	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			. ,	
E TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	011 0000101011	Jana Auronous W	1 000 15 155	
19A. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, f	orm, lociory, street, or	ice biag., INJURI OCCUR:		
O .			A Company of the Comp	
W OF INTUINE	JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	Not While			
			// 0 -	
22. I certify that (I) (this hospital) attended the a		nA4 25	19 66 to SE	pt. 10 19 66.
that (1) (we) last saw the deceased alive an	EDT 10	19 66 and th	hat in (my) (aur) apin	ian death accurred an the date
and haur and from the causes stated abave. (1)(V	e) (did)(did nat) v	lew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
190142	M.D. Atte	nding Med. Director	Stoff Phys.	9/10/11
23C. PHYSICIAN'S		23D. ADDRESS	,	11.0766
NAME (Type)		7,000		
Bernard DICK	M.D.	ANATOMY RE	TARD OF M	ARVIAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	at CEMETERY of CRE	MATORY 24D. I	LOCATION (Cit	y, town, or county) (Stote)
REMOVAL (Specify)		TIMESTON CENT	BUCDICAL	CCHOOL
1-15-66		UNIVERSITY	MEDICAL	SCHUUL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
Amm 4 A 4000 A A B B	To 12. 48	MORT	HARV CED	TITCE DOWN
SEP 15 1965 01 (4. 6)2.	Micheller	THUM	OUTT VER	VILL SUID
VS 150-REV. 1747-05				



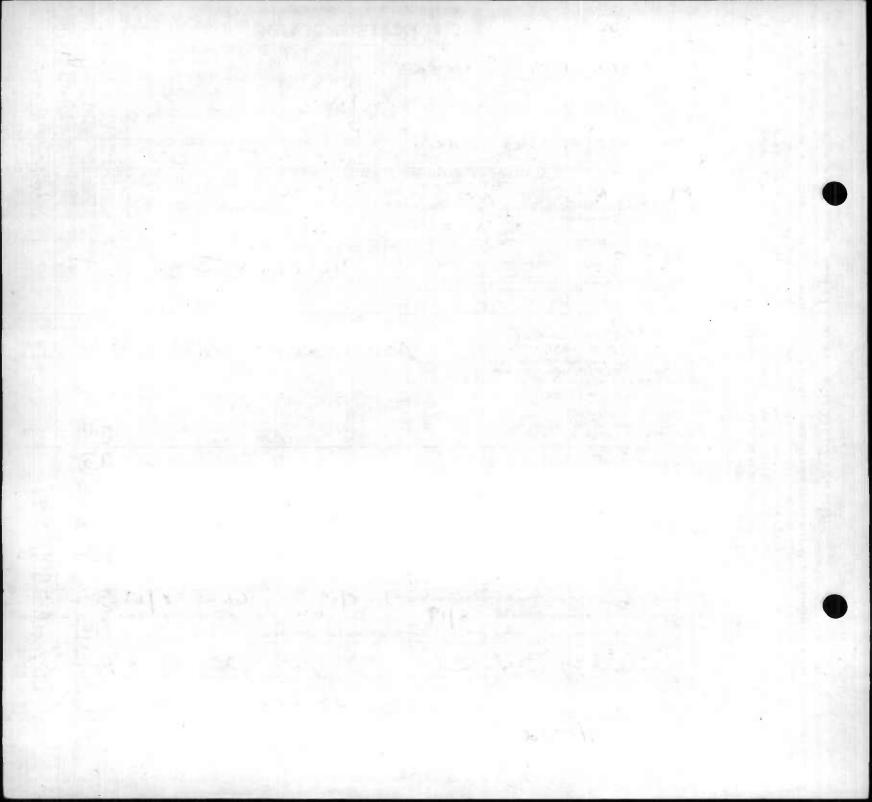
(If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours Months Doys Min. ORIN 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in(my) (aur) apinian death accurred an the date 23R. DATE SIGNED deceased paritten ap 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.



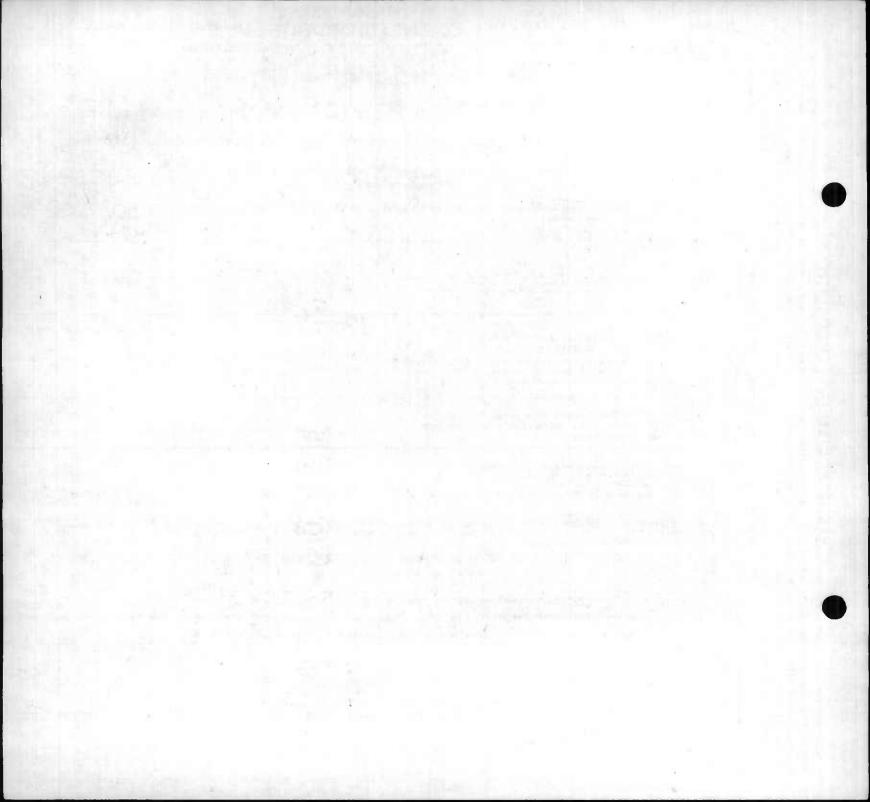
1.1	17862/		BALTIMORE CITY	HEALTH DEPARTMENT		66 09355
IRTH NO.	1786 093	05	CERTIFICA	TE OF DEATH	Registered No.	00 00000
A.E. CASE NO.					ND HOUR OF DEATH	
NAME OF DECE	ASED		*	2. 04 6	- /: -	1145
P.	SABY DO		MONS	0/17	1/66	712
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before admiss
				MO.		16-01
FULL NAME OF	oddress or location	aı instilulian, gıve s n)	street	,	tside city limits write I	RURAL and give tawnship)
INSTITUTION				BALTO	and any miner	give to the give
t Las i	UERSITT	1200 1010	7465		nual give location)	
200	001-1(()	bo, 410	(140)	A A	BRANTLEY	F
58				(019 +2	STIT AU	
· SEX	6. RACE	7. MARRIED, NEV	VORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days Hours Mi
M	N	MIT	1 .	8-19-66		4 45
A. USUAL OCCU	PATION (Give kind of warl	108. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
ane during mast of w	vorking life, even if retired)	1 10	4 .	MD.		WHAT COUNTRY?
		mjo				USA.
3. FATHER'S NAM		1		14. MOTHER'S MAIDEN NA	ME	1/ /
Hlber	TT Simes	m ons		DELORE	= 5	Es Latton
11-	Ever in U. S. Armed For		SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give war ar date		SECURITY NO.			
18.	1 /		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		· Ad	UTE HEMI	PREMAGE	. 45/60 HA
(This does no	al mean the mode of	dying, e.g.,	DUE TO		7.1	
	aslhenia, elc. Il means					0.00
	plication which caused		((0)			
A	INTECEDENT CAUSES		DUE TO		******************************	
	R CONDITIONS, if					
	above cause (A) CONDITION last.	slaling lhe	(C)			** ***********************************
CIVIDERETHIO	CONDITION 1031.					
7	H H					7
	FICANT CONDITIONS (ONTRIBUTING				
DISEASE OR	CONDITION CAUSING	т				
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	WAS TER			YES		
21A. ACCIDEN	IT WAS UNDERLYING	21B. PLA	CE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Baltimore	e City, give exact location)
	TING CAUSE OF medical examiner)	etc.)	orm, roctory, street, o	ffice bldg., INJURY OCCUR?		
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OF INJURY	(Month) (Doy) (Year)		URY OCCURRED	21 F. HOW DID IN	JUKY OCCUR?	
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	that Whis hospita		- A		1966 to	19 6
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and haur and	from the causes sta	ted abave. (1) (W	e) (did) (did not)	view the bady after death.		
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	20 17	Ton C.		ending Med.	Stoff	2/40/11
	ever vu	1 voces	Phy	s. Director	Phy se	0/19/66
23C. PHYSICIA NAME (T	N'S			23D. ADDRESS		
TO THE CO	, ,		M.D.	UNIUET	28174	1805P17AL
24A. BURIAL CREA	MATION, 24B. DATE	24C NAME	al CEMETERY or CR		LOCATION 10	ity, town, or county! (Sto
REMOVAL (S		71.	4 -	ANATOMY	DUAL UL	LINE TO SAME TO LOS
	7/13	166 City	, Dupalal	MININ	as series	LCCHOOL
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF K	EGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

66-1181166 U9356	BALTIMORE CITY HEALTH	DEPARTMENT	66 09356
BIRTH 1401	CERTIFICATE O	F DEATH Registere	d No. 00 03336
I. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Type as Print) NC Cloud	Baly Gir	1 8/22	166 1130 Am m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATI		d. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location) INSTITUTION		OR TOWN (If aviside city limits,	write RURAL and give township)
Winnersity Hosp	D. STREE	ADDRESS (Il rural give locat	ikn) VNQ
5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED B. DATE	OF BIRTH / 19, AGE (In yes	s If Under 1 Yr., If Under 24 Hrs.
C ARWA	OVORCED (specify)	122/66 lost birthdoyle	Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during, most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTH	PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Newborn	k	sact., mu.	USA.
13. FATHER'S NAME MC Cloud	1 Pari	ara Alexander	Ed Chandlee
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates af service)	SOCIAL SECURITY NO. 17. INFOR	MANT	ADDRESS
no	n/9	epart	
18. 776 XI	/ CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10) Tim	maturit.	
(This does not mean the mode of dying, e.g., heart failuse, asthenia, etc. It means the disease,	DUE TO	A	
ANTECEDENT CAUSES	(B)	\vee	
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the obove cause (A) staling the UNDERLYING CONDITION lost.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Na s	
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION 20 A.	AUTOPSY? (Yes or No) 208 IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in or obout form, foctory, street, office bldg.,	21C. WHERE DID (If in E	Soltimore City, give exact location)
	JURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.) White Wark	At Wark At Wark		
22. I certify that (1) (this haspital) attended the	deceased fram 8	22 1966.10	8/22 1966.
that (1) (we) just saw the deceased alive an	8/22 19		ur) apinion death accurred an the date
and have and from the causes stated above.	We) (did) (dld nat) view the	bady after death.	
23A. SIGNATURE	0	Med. Stoff	23B. DATE SIGNED
Transa des	M.D. Attending Phys.	Director Phys.	8/22/66
23C. PHYSICIAN'S NAME (Type)	en M.D. U	ness	Hosp
	E of CEMETERY OF CREMATORY	24D. LOCATION	· (City, town, or county) (State)
97-13-6	YIX	WED SITY TED	ICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	4.90 (8)	FUNERAL DIRECTOR	ADDRESS
CED 18 1000 AD 6	2 Farling RA	MORTHAR	V SEDVICE DCHD
VS 150-REV. 1/1/650EF 10 1009 0100 9		0 11-6	



contributing is made. (4) Undetermined in regular deceased or final disposition death Was the IMPORTANT death 60 kind; attendance any pronounced embalmed fracture of DIRECTOR: regular who are physician obtained before the remains medical No physician was FUNERAL chief (2) Body the ō the where the hospital any nature; 9 approved (except and 99 of death) hospital must accident

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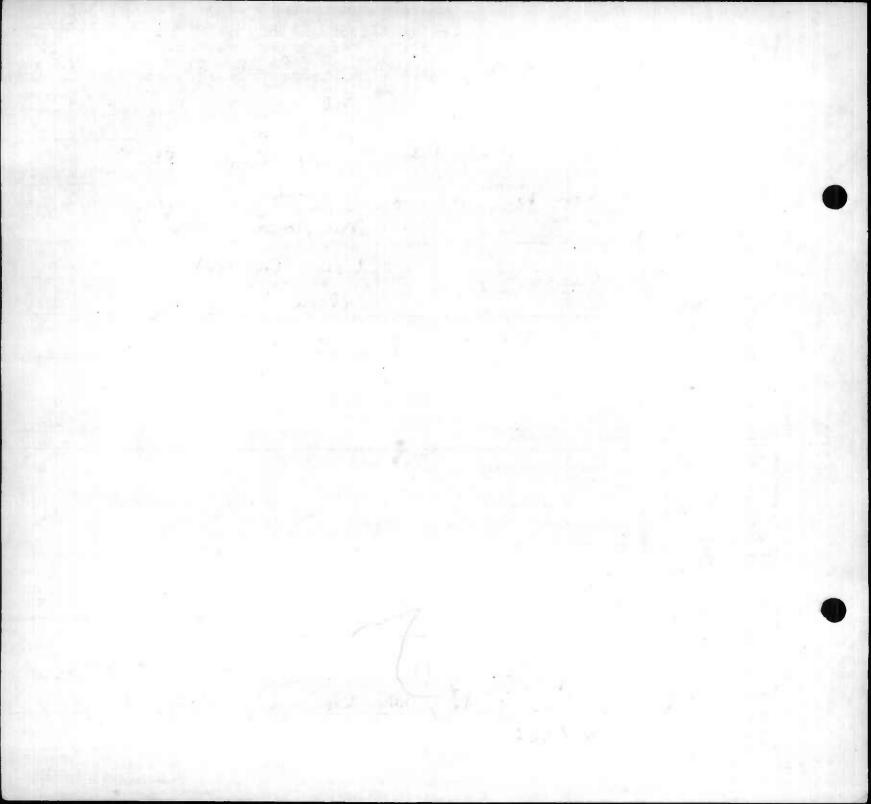
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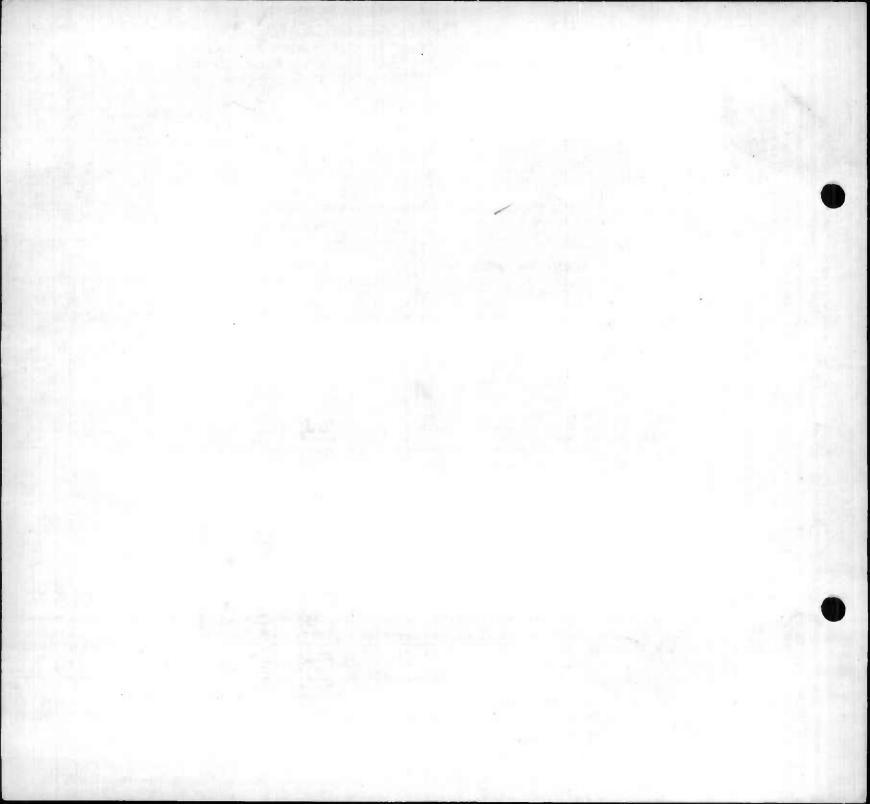
BALTIMORE CITY HEALTH DEPARTMENT Registered No. SIRTH NO CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 8 28 USUAL RESIDENCE (Where deceased lived, If institution; residence belare admission) A. STATE 8. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddross or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION (If turo, give location) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 5. SEX Lance WIDOWED, DIVORCED (specily) lost birthdov 28-66 5 aucasion 0 Neur 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) trad 13. FATHER'S NAME 15. Was Decorsed Ever in U.S. Armod Forces? (Yos,no or unknown) (If yes, give wer or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, osthenia, etc. Il means the diseose, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED None 0 OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID homo, lorm, foctory, stroet, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examinar) otc.) 21 D. TIME (Month) (Dov) (Yoor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 28 19 22. I certify that to (this hospital) attended the deceased from 1 that (we) last sow the deceased alive on 6.6 ond that In(my) apinion death occurred on the date and hour and from the causes stated above. (We) (dld) (declary) view the body after death. 23A-SIGNATURE 23 B, DATE SIGNED Attending Phys. Med. Director 23 D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B DATE CEMETERY OF CREMATORY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased written SEP VS 150-REV. 1/1/65

	66 M880	0.0050	BALTIMORE CITY	HEALTH DEPARTMENT		00
BIRTH N	•	09358	CERTIFICA	TE OF DEATH	Registered No	66 09358 4
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3. PLAC	BABY BO		E/V	AUGUS		stitution: residence before admission
S. FEAC	LOF DEATH IN BALIF	WORL WARICAND		A. STATE B. COUN		stitution: residence belore comission
HOSP	ITAL OR oddiess	in hospital or instituti ar location)	on, give street	C. CITY OR TOWN AND OUT	side city limits, write I	RURAL ond give township)
	TUTION			Ballen	121 21	/2 17
	UNIVERSITY !	Hospital of	MARYLAND	D. STREET ADDRESS	ruiol, give location)	~/_
38				223/2	- Lindes	n ane
5. SEX	6. RACE	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH BUGUST 29, 1966	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		kind of work 10B. KIND	OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
				MARY LAND		
3. FATH	ISSARD Y	ELECTRICAL .	BALLARD	14. MOTHER'S MAIDEN NAM ANNIE RO	benoer	
S. Wos	Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes, no c	or unknown) (If yes, give	wal al dates of selvi	ce) SECURITY NO.	MOTHER	2225 1 Lan	DEN AUE, #17
18.	166		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COND		0	REMATURITY		2 hours 28 min
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inju	injury or complication which coused death,) ANTECEDENT CAUSES (B)					
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UN	DERLYING CONDITION	N losi.				
Z OTH	HER SIGNIFICANT CON	DITIONS CONTRIBU	TING			
= 1 TO	THE DEATH BUT	NOT RELATED TO	THE			
	DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
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₹ DEA	CONTRIBUTING CAU		home, form, foctory, street, off	ice bidg., INJURT OCCUR!		
	· TME (Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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and						
23A.	SIGNATURE	n. n. n	AA D Aug	nding - Med -	Stoff ==	23 B. DATE SIGNED
	THOU	or na rdiz	Phys		Stoff Phys.	Avers 29, ACL
23 C.	PHYSICIAN'S NAME (Type) HUMBERTO	S. HERNAUL		UNIVERSITY &	tespital of u	ARTINO
24A. BU			C. NAME of CEMETERY of CRE	MATORY 24D. LO	OCATION (Ci	ty, town, or county (State)
RE/	MOVAL (Specily)	-13-66	CITY DISPOSAL	HNIVEDEN	W MEDIC	AL SCHOOL
2SA. DA	TE REC'D BY HEALTH		AE OF REGISTRAR	2SC. FUNERAL DIRECTOR	1 HEDIO	AL SCHUUL ADDRESS
			4 5/4 6	MUKI	UARY SEI	WICE DOWN
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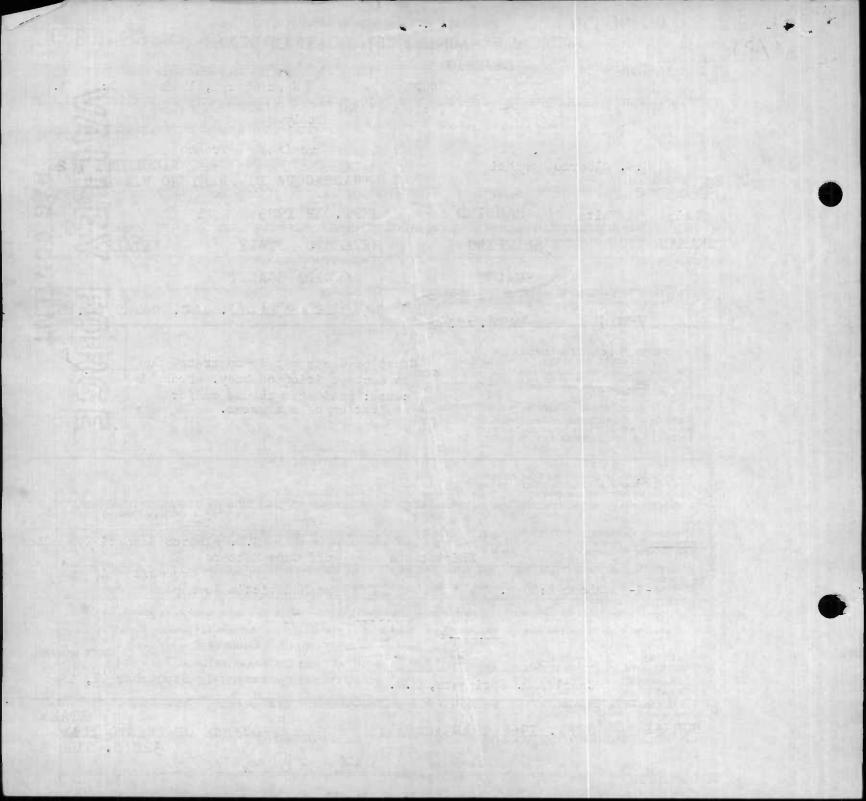


1966 TRANSACQUA BURIAL SEPT. 24A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/65

TTAEY PROVINCE OF TRENTO

24C. FUNERAL DIRECTOR

322 S. HIGH ST



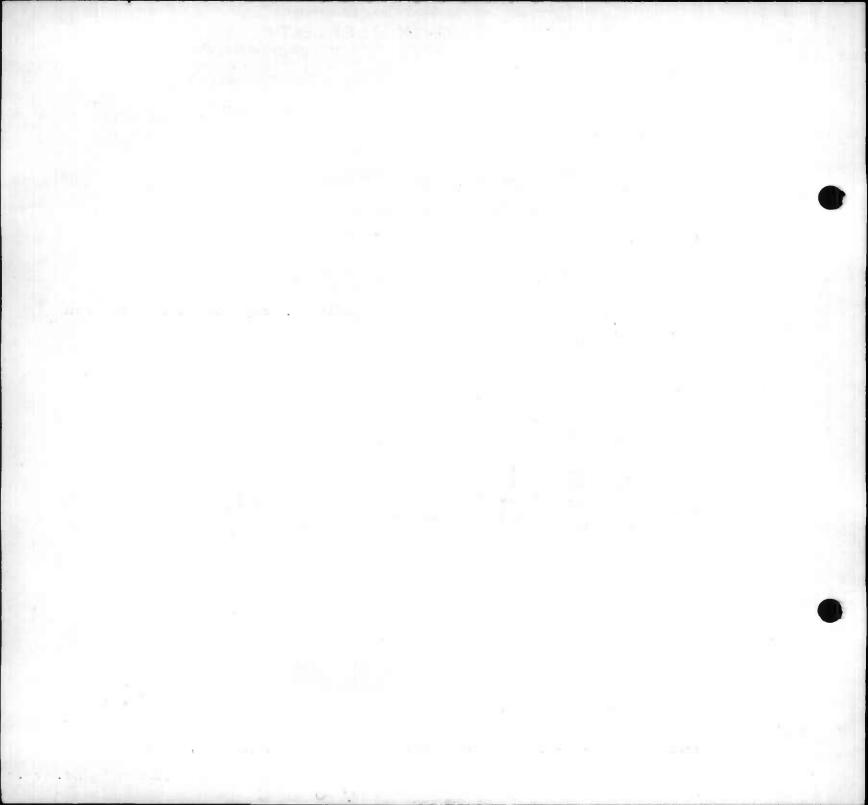
~	66 09360 BALTIMORE CIT	TY HEALTH DEPARTMENT 66 09360					
ch	CERTIFICA	ATE OF DEATH Registered No.					
Suc	M.E. CASE NO. T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	(Type or Print) BRENT FREY	11:44 AM Sept. 16, 1966					
prior to death. de.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	CHERCH HOME+ HOSPITAL	SPARTA					
	35 BALTIHORE, Mg.	O. STREET ADDRESS (If rurol, give locotion) 266 EAST SHORE TRAIL					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED						
s mad	WIDOWED, DIVORCED (specify) WARRIED	3-20-92 lost birthdoys Month's Doys Hours Min.					
attendance on the deceased med or final disposition is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	B&O manager	W. VIRGINIA U.S.A					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	LEWIS FREY	ELLA BUCHANAN					
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	NO	Nellie W.Frey 268 East Shore Trail					
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
d d	DISEASE OR CONDITION DIRECTLY						
attei med	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	SRONCHOGENIC CARCINOMA MONIMS					
ar	heart failure, asthenia, etc. Il means the disease,	ETASIATIC TO LIVER					
gul	ANTECEDENT CAUSES (B) OUE TO						
5 5	DISEASES OR CONDITIONS, if ony, giving						
in s a	rise to the above couse (A) stating the (C) 4 UNDERLYING CONDITION last.						
as	11						
≯E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING IT.	The same of the sa					
- S	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING WAS PERFORMED SPOKEHOGENIC CAPCINONA YES						
phy	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)					
No phy before	OR CONTRIBUTING CAUSE OF home. form, foctory, street, office bldg., INJURY OCCUR?						
	OF INJURY (Monih) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DIO INJURY OCCUR?						
d (6) ained	(APPROX.) While At Work At Wo						
and	22. I certify that (1) (this hospital) attended the deceased from	7-19- 196610 9-16 1966					
60	that (I) (we) last saw the deceased alive on 9-16	19 CC ond that in(my) (aur) apinian death occurred an the dot					
t p	and hour and from the causes stated above. (1) (We) (did) (did nat)						
death); must be o	23A. SIGNATURE	23B, DATE SIGNED					
2 =	l'Ellaviano, M. D. M.D. A	thending Med. Stoff Phys. 9-16-66					
prior to	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS CHURCH HOME + HOSPITAL					
pr	IDILIA C. MARIANO M.C						
ed n	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)					
eceased prior	Burial 9-19-66 Loudon Park C	emetery Baltimore, Maryland					
dec	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR AODRESS AODRESS AODRESS AODRESS AODRESS AODRESS					

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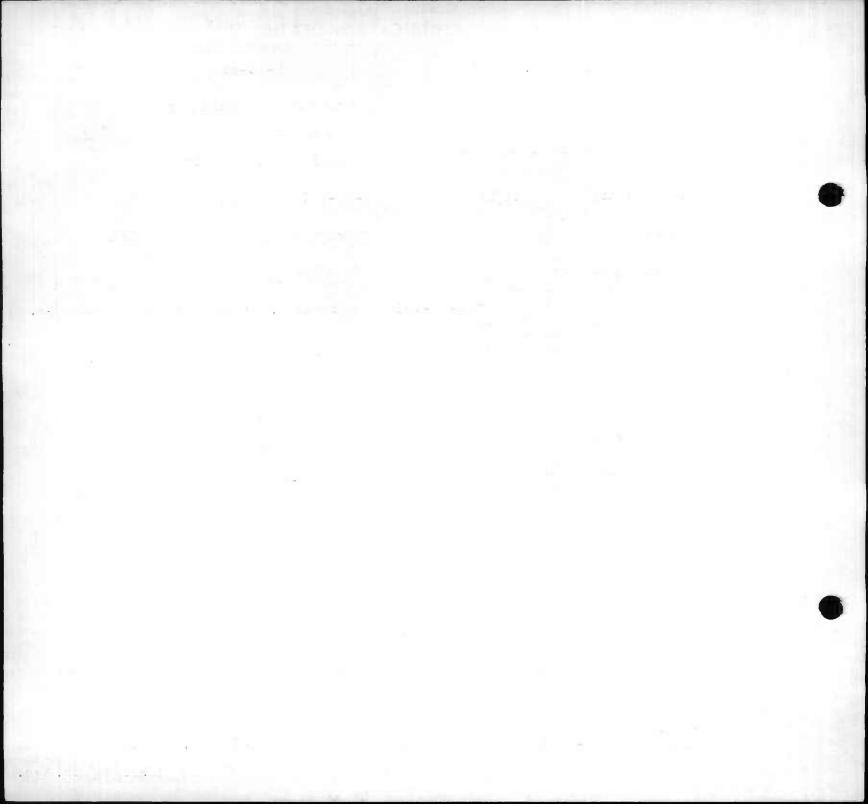
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Such (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		00 0000		BALTIMORE CITY	HEALTH DEPARTMEN	T \/	66 09361									
	H NO.	66 0936	1	CERTIFICA	TE OF DEATH	Registered No	00 03301									
N.E.	CASE NO.	EASED			2. DATE	AND HOUR OF DEATH	H									
Тур	e or Print)	Elfriede	M Kue	hler	0	-16.66	12:20 P.	M								
3. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND	OTO I	9-16-66 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY											
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION Belvedere House in the Pines					Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL ond give lewnship) Baltimore D. STREET ADDRESS (If rurol, give locotion) 2006 Woodlawn Drive											
									5. \$	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)			8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi	
										emale White Single			8-28-1876	90		
											UPATION (Give kind of worldworking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
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	Coor	ge Kuebler			IInlen arres											
5. V		ge Kuebler I Ever in U. S. Armed For	rces?	1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS									
		(If yes, give wor or dote	es of service)	SECURITY NO.												
_	NO			212-32-7698	Anthony V	Demanss 2	006 Woodlawn Dr	-								
	1B. 42	211		CAUSE	FDEATH		ONSET AND DEATH									
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	hearl failure, asthenia, etc. If meons the disease, injury ar complication which coused death.)					/										
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CAI	DISEASE OR CONDITION CAUSING IT.				i left fig [20A. AUTOPSY? (YES	No. No. 208 IF YES WED	E FINDINGS CONSIDERED	_								
ERTIFIC	WAS PERFORMED			7010131:1163	IN CERTIFYING C	AUSES OF DEATH?										
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in				n or obout 21 C. WHERE DI	D (If in Boltime	ore City, give exact location)									
AL	OR CONTRIB	UTING CAUSE OF	hom	ne, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	m									
O	The state of the s															
	OF IN HIDY															
	(APPROX.)	-	Wo			No.										
	22. I certify that (1) (this hospital) attended the deceased from 1940 to Sept 16 1966															
	that (1) (we) lost sow the deceased alive on 9-13 1966 and that in (my) (our) opinion death occurred on the date															
					view the body ofter dec											
	23A. SIGNAT						238. DATE SIGNED									
		Kl. Oh	1	M.D. Att	ending Med. Director	Stoff Phys.	9-14-66									
	23C. PHYSICA	ATTUEL /	works	- 1"	23D. ADDRESS		, , ,									
	23C. PHYSICIANS NAME (Type) NAME (Type) NO. DER MOODES M.D. 3105 Belan Pd. 21213															
24A	· BURIAL CRI	EMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	10	D. LOCATION	(City, town, or county) (Sto	ote)								
_	remati		, ,			D 141										
25A	XXXXI	9 - 19 -	66 L	oudon Park C	emetery 25C. FUNERAL PIREY	Baltimore, l	Maryland									
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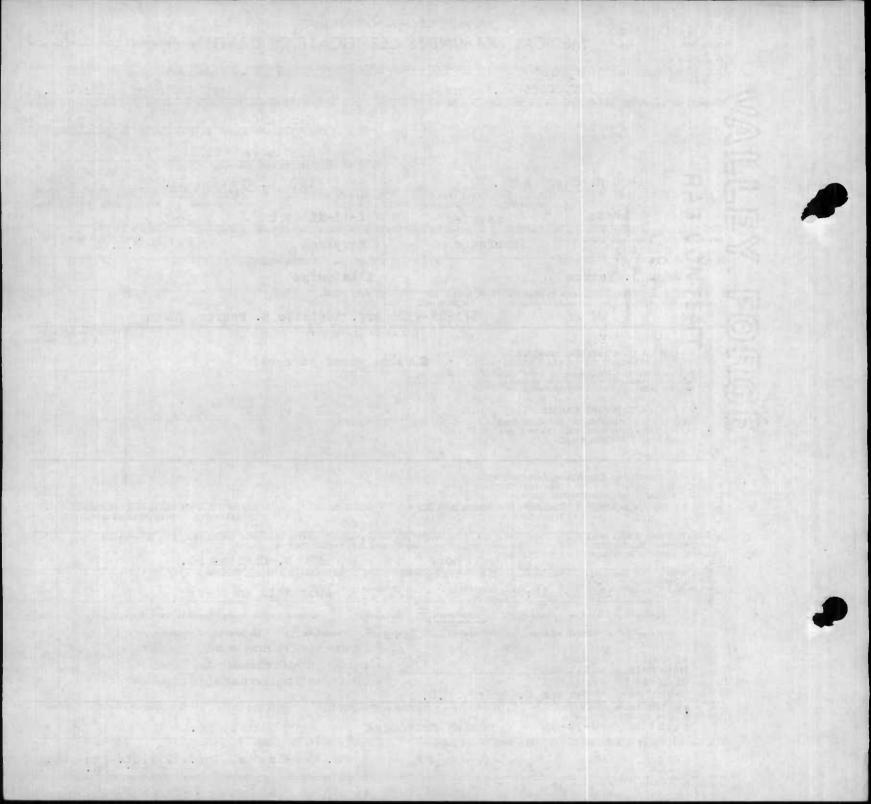
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BIRTH NO.	

VS 151-REV. 1/1/65

IN NAME OF DECEASED FULL NAME OF HOSPITAL OR INSTITUTION 1800 N. Charles St. 5. SEX male white married 10a. USUAL OCCUPATION (Give kind of work) [Jib., wen if relied) auditor 13. FATHER'S NAME Adam J. Pearce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no orunknown [Vill yes, give wor of dotes of service) Yes WW II DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., injury or complication which coused dechal). ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FAILY, GOND THE LEADING TO DEATH ANTECENDENT CAUSES DISEASES OR CONDITION LIST, IN ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RIS FOR IT HAD ANY EVER MARKED LIST OF DEATH ANTECENDENT CAUSES DISEASES OR CONDITION LIST. (C).							
County C							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 1800 N. Charles St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCEDISpecify male White wind work good of the st. 100. USUAL OCCUPATION (Give kind of work) done during most of working life, sven if reliefed) auditor 13. FATHER'S NAME Adam J. Pearce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (if yes, give wor or dotes of service) Yes DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen, the mode of dring e.g., heart follow), with coursed deeth, in the disease, injury or complication which coursed deeth, so the property of the propert							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 1800 N. Charles St. 1800 N. Charles St							
ADDRESS OR LOCATION) Baltimore 21201 D. STREET ADDRESS (If rurol, give locoson) 1800 N. Charles St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) male White 7-12-KK 1912 10A. USUAL OCCUPATION (Give kind of work lock, lind of susiness or industry) done during most of working life, even if relired auditor 13. FATHER'S NAME Adam J. Pearce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (if yes, give wor or dotes of service) Yes WW II DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY IN CAUSE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY IN CAUSE OF DISEATION LAST.							
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Adam J. Pearce To was deceased ever in u.s. armed forces? (Yes, no or unknown) (If yes, give wor or dotes of service) Security No. 275-05-9326 Mrs. Adelaide S. Pearce, Above							
Test no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 275-05-9326 Mrs. Adelaide S. Pearce, Above							
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (C)							
DISEASE OR CONDITION CAUSING IT.							
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., INJURY OCCUR?							
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) 9 16 66 12:06p, WHILE AT NOT WHILE X shot self in chest							
22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion							
resulted from: Notural causes Accident Suicide Hamicide Undetermined manner							
CHIEF MEDICAL EXAMINER							
TATE (I							
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							
ACTUAL SIGNATURE EXAMINER'S M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9/16/66							
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 9/16/66							
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) ASSISTANT MEDICAL EXAMINER 9/16/66 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county)							
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CREMETERY or CREMATORY 23D. LOCATION (City, town, or county)							



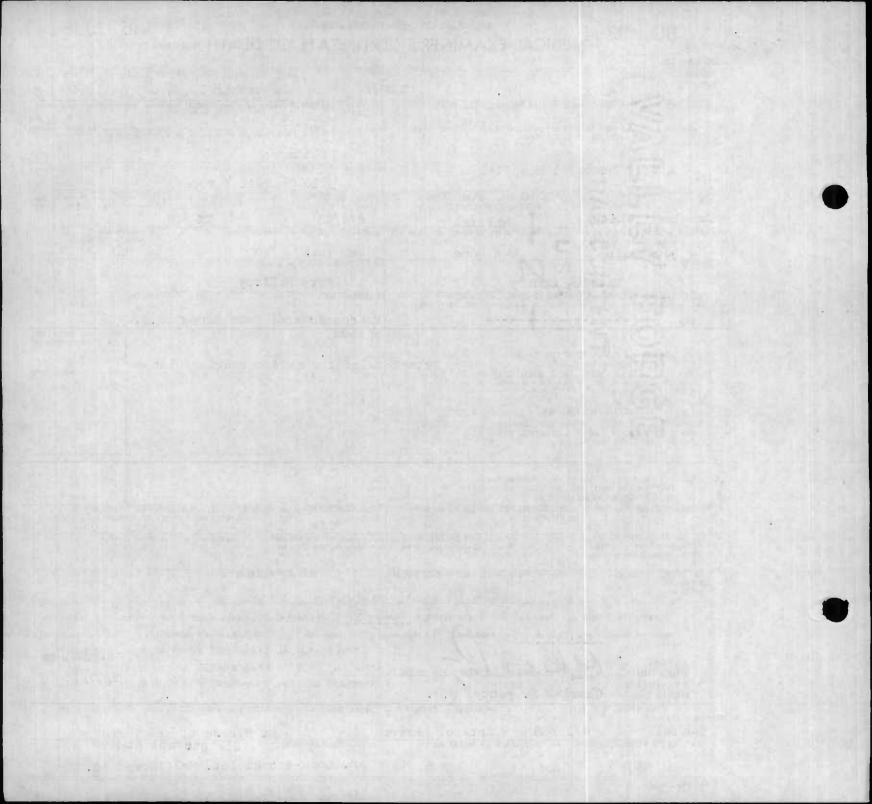
	00 03363	CERTIFIC	ATE OF DEATH	Registered No	66 0936
M.E. CASE NO.	SED			AND HOUR OF DEAT	н
1. NAME OF DECEA	V McCor.	mick	9	15/66 4	0° A
3. PLACE OF DEATH	IN BALTIMORE, MAI		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before
-			A. STATE MD, B. CO	UNTY	12 -
FULL NAME OF HOSPITAL OR	(If not in haspital address or location	ar instilution, give street	1424 100	ust fash	and Da
INSTITUTION			C. CITY OR TOWN (IF	autside city limits, write	e RURAL and give townshi
3/11/1	11		D. STREET ADDRESS	(If rural, give location)_	33
Mercy	Moss		1 (/ 2 / 7	, () r n.
5. S EX 6.	RACE	7. MARRIED, NEVER MARRIED	DATE OF DIPPH	9. AGE (In years	ARK. Ave
1		WIDOWED, DIVORCED (spacify)	S. DAIL OF BIRTH	last birthday)	Months Days Hours
Male	Caucocon	Never morne	7/19/06	7501	- 9
dane during most of war		10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY
New Bo			U5/4		USA
13. FATHERS NAME		-	14. MOTHER'S MAIDEN N	IAME	
2	Jan 6	me Camil	annes 4	lau as	
15. Was Deceased Ev	er in U. S. Armed Ford	ces? 16. SOCIAL	17. WFORMANT	und_	ADDRESS
(Yes, no or unknown) (II	er in U. S. Armed Fare yes, give war ar date:	s of service) SECURITY NO.	T 1	0 1	
, ,			James 11el	urmich -	J Ame
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	OR CONDITION DIR ADING TO DEATH	ECTLY	0 tot		00.0
	mean the made of	dying, e.g., DUE TO	Summeruny	********************	25 Note go
heart failure, as	fhenio, etc. II meons	the disease,	0		
	cofion which coused	deoth.)			- CO TO 46
AN	TECEDENT CAUSES	DUE TO			^
	a a tractic tractic		_		
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DISEASES OR	CONDITIONS, if obove couse (A)		verted Prema	portal	25 wh
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25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Baltimore Brooks 2 VS 150-REV. 1/1/65

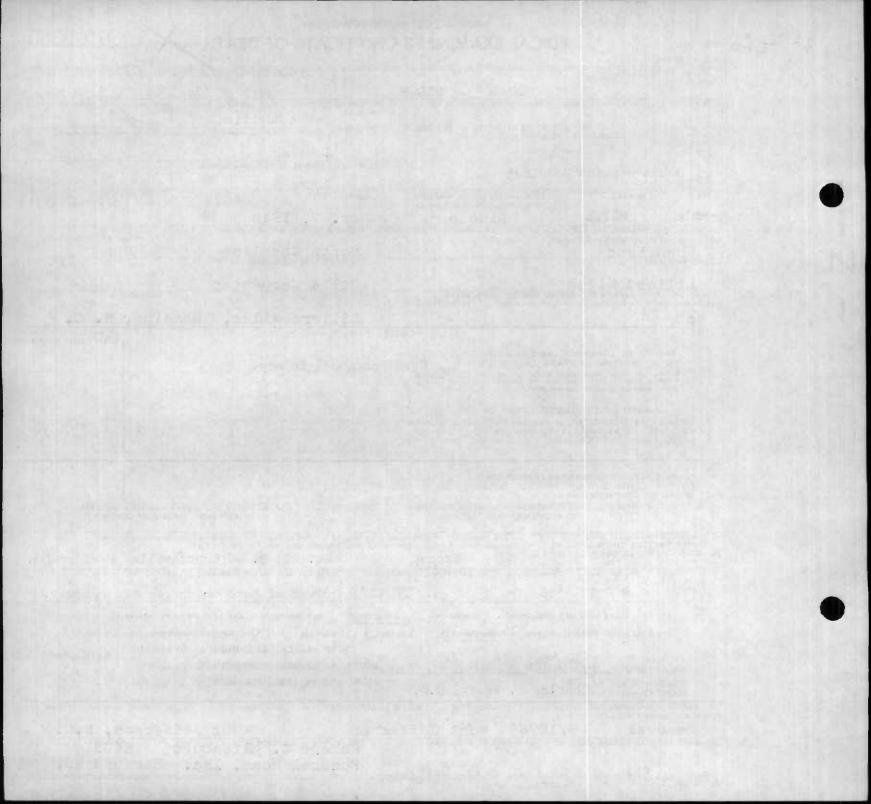
But merell 1924 Former Cook and 24 Mercy Kogo -4 2/6 21/A1/40 454 Justine ma Cond Rosett Come of which Alesta Chat C all 40

BIR	TH NO. 66 U93	664 MEDIC			CERTIFICA		EATH Register		19364
M.	E. CASE NO.								
T.	NAME OF DECEASED						HOUR PRONOUNCE		
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3. 1	PLACE IN BALTIMORE, A				A. STATE	oence (Where d	eceosed lived. If insti B. COU	tution: residence NTY	before odmission
HO	LL NAME OF (IF N DSPITAL OR ADD STITUTION	OT IN HOSPITAL RESS OR LOCATI	OR INSTITU	TION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and gi	ve township)
	17-3 M					Itimore ORESS (If rurol,	rive (ecetion)		
4	Union M	emorial E	iospita	.1			it Avenue		
5. 9	SEX 6. RACE	7	. MARRIED,	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Under 1 Y	r. If Under 24 Hrs
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	Female Whi			ried	8/6/08		SXX 58	12. CITIZEN C	E
	e during most of working life	, even if retired)					33311177	WHAT CO	
13.	Housewife	5	Own	Home	New Yo			USA	
		trial Co	nross			ry McElr	037		
15.	WAS DECEASED EVER I	trick Co		16. SO CIAL	17. INFORMANT	Ly MCEIL	ОУ	ADDRESS	
	s, no or unknown) (If yes, g			SECURITY NO.					
	No				McKeon F	uneral H	ome Bronx,		ERVAL BETWEEN
CERTIFICATION	(This does not meon heart failure, asthenia, injury or complication	etc. It meons it which coused detections, IF ANT DITION LAST. II CONDITIONS COMMENT OF THE CONDITIONS COMMENT NOT RELATION CAUSING I	lying e.g., ne discose, oth.) Y, GIVING TING THE ONTRIBUTIN TED TO TI	(B)	riosclerotio	Y? (Yes or No)	vascular di	ADINGS CONS	
MEDICAL	21A. EXTERNAL CAUSE UNDERLYING OR CON UTING CAUSE OF DE 21D TIME (Month) (APPROX.)	TRIB-	(Hour) 2	i E. INJURY OCCURR	e.g., in or about 21C. et, office bldg., INJUR	WHERE DID		ve exact location	,
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Noturol cous Charles	esk A class S. Pet	Inspection Suited Suite	Autopsy Or icide Homic CHIEF A M.D. ASSISTANT A ASSOCIATE	AEDICAL EXAMEDICAL EXA	AMINER 🗵	or D	ATE SIGNED 17/66
	MOVAL (Specify)	23B. DATE	230	C. NAME of CEMETE	RY or CREMATORY	23 D. LO	CATION (City,	town, or count	y) (State)
	Burial	9/21/6	6	Gate of Hea	ven	Mt	Pleasent, N	lew York	
24	A. DATE REC'D BY HEAL			OF REGISTRAR		RAL DIRECTOR	1217 StaPa	ul Stadde	ESS
	SFP '	9 1966	000	E Faller	Wm. Co	ok-Brook	s Inc. Balt	imore, 1	id.

VS 151-REV. 1/1/65

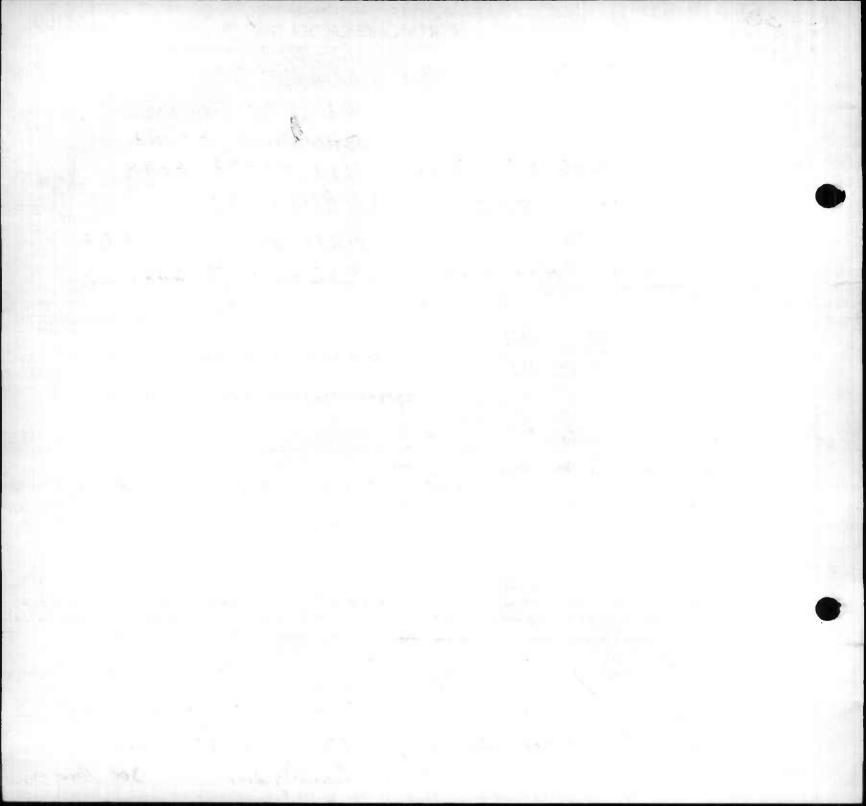


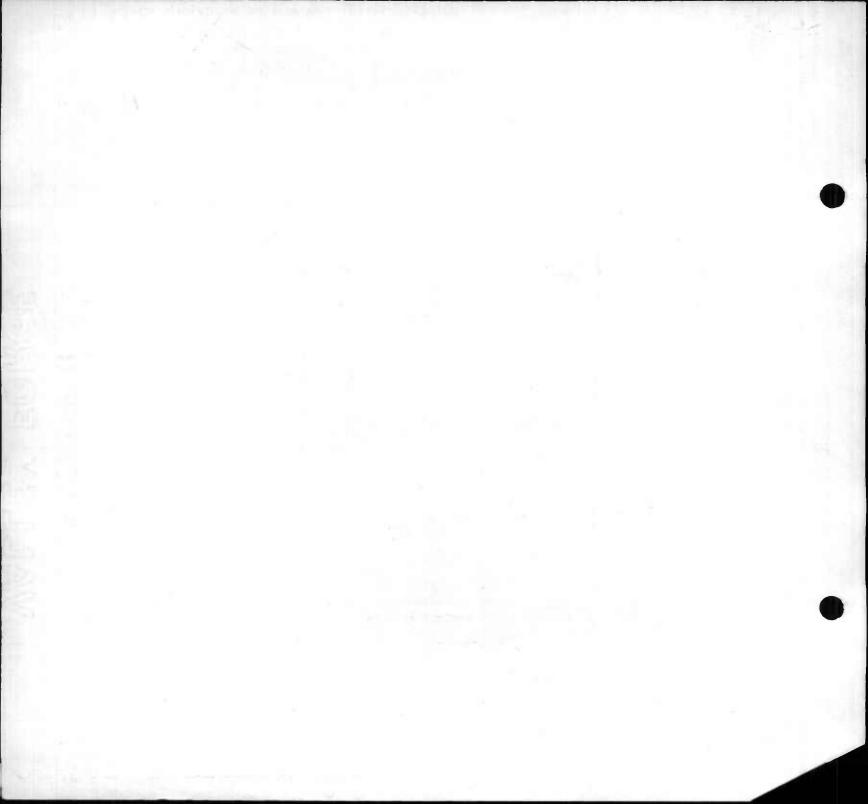
	1	66	09365		BALTIMORE CITY HEA	LTH DEPARTMEN	ī			
W-	420	BIRTH NO.	MEI	DICAL EX	CAMINER'S C	ERTIFICAT	E OF DI	EATH Regist	ered No.	56 09365
		M.E. CASE NO.							- 1	
		1. NAME OF DEC		Dann				HOUR PRONOUNG		1 00 5
		3. PLACE IN BALT	JERRY			4. USUAL RESID		ber 17, 1	stitution: resid	lence before odmission)
		FULL NAME OF HOSPITAL OR	(IF NOT IN HOSP ADDRESS OR LOG	TAL OR INSTITU	JTION, GIVE STREET	Nor	th Carol	ina corporote limits, wri	te RURAL on	d give township)
		NOITUTITENI					sing			
		33 Johns	Hopkins Ho	spital		D. STREET ADDI	tess (If rurol, gi	ve location)		
		5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI		9. AGE (In years	If Under Months :	1 Yr. If Under 24 Hrs. Doys : Hours Min.
		Male	White	Si	ngle	Nov. 7	, 1946	19		
			UPATION (Give kind of w working life, even if refired		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign	country)	12. CITIZE WHA	N OF T COUNTRY?
		Chauf	feur			North	Caroli	na	US	SA
			rd Wiles				Carpen	ter		
		15. WAS DECEASE	D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT	our per		ADDRESS	
		No				Lilla	rd Wile	s, Lan	sing,	N. C.
		1B.	23.4		CAUS	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
		DISEA	SE OR CONDITION		Crani	ocerebral	Injury			
		(This does not heart failure,	not mean the made , asthenia, etc. It mea mplication which cause	of dying, e.g.,	DUE TO	ocereprar	Injury.			• • • • • • • • • • • • • • • • • • • •
		DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)DUE TO					**************************************
		UNDERLYIN	E ABOVE CAUSE (A)		(6)				200	
		OTHER SIGN	- 11	A Charles	(6)					
		T DISEASE O	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSI	RELATED TO T	NG HE					
		19A. DATE OF	OPERATION 198, CO	ERFORMED	WHICH OPERATION	20A. AUTOPSY Yes	IN	B. IF YES, WERE F		
		21A, EXTERNA UNDERLYING	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. W	HERE DID (If	in Boltimore City,	give exact la	cotion)
		<u> </u>	SE OF DEATH.	etc.)	Street	Rt.	22, E.	of Church		Harford Co.
		OF INJURY			HILE AT NOT		OW DID INJURY			
		22.		00 F _{m.} \						f roadway.
			tify that I held on ted from: Natural o		Inspection Au Accident X Suicid			bosis, deoth in determined moni		
		19301	ned from: Norofor	, ooses	Joiett	The second second	EDICAL EXA			
		ACTUAI SIGNAT		acle)	Fill M.T	ASSISTANT M				DATE SIGNED
		EXAMIN NAME (ER'S Char	les S. P	etty, M.D.	ASSOCIATE M				9/18/66
		23A, BURIAL CRE	MATION, 238. DATE		C. NAME OI CEMETERY	or CREMATORY	23 D. LO	CATION (Cit	y, town, or c	county) (Stote)
		Remov		18/66	West Jeffe	rson	V	lest Jef:	ferson	n, N.C.
		24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR			tenburg		99.Az
			SED 10 100	0000	0 % 17 10	Funer	al Home	, Inc.	Harf	ord Rd.
		VS 151-REV. 1/17	85	y yestern	المر المركامية الم	000	A 813			



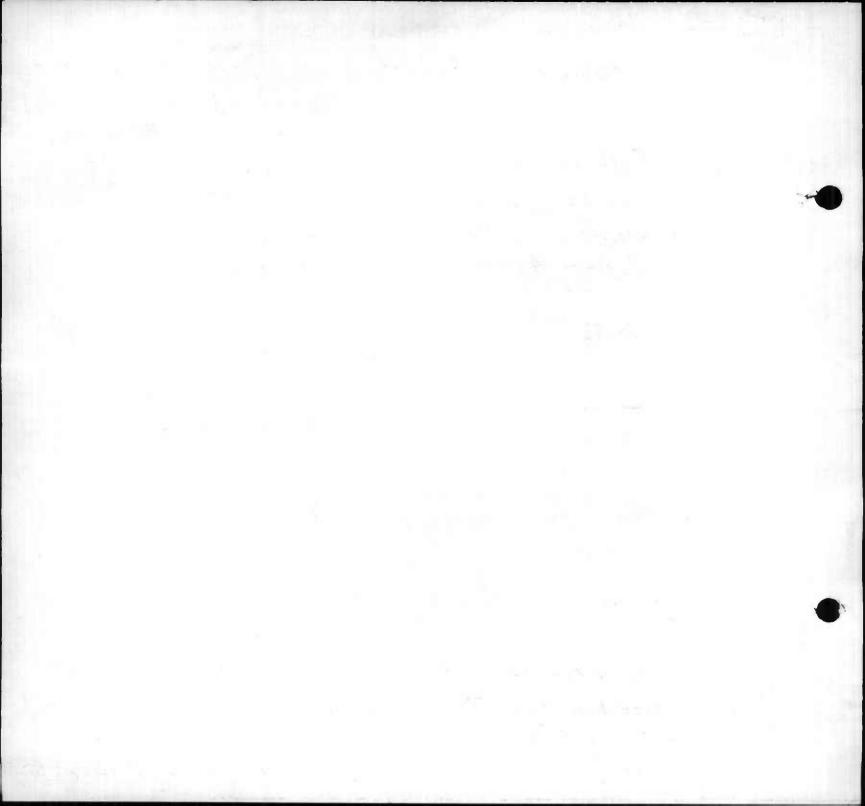
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT	CC 002CC				
MRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Regis	tered No. 66 09366				
1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH				
(Type or Print)	AU NU AU	15 5000 6	6 445 PM				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceose A. STATE B. COUNTY	d lived. If institution: residence before odmission)				
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	on, grve street	C. CITY OR TOWN (If outside city t	F 2 0/1				
44	7	D. STREET ADDRESS (If rurol, give					
5. SEX 6. RACE 7. MARRI	HOSP.	B. DATE OF BIRTH P. A. Bidde	RUAD				
WIDO	WED, DIVORCED (specify)	10 /10 / 10 miles	1770111113				
10A, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF				
done during most of working lite, even if retired) Admin 15 T.K.A.T.116		maphiano	WHAT COUNTRY?				
13. FATHER'S NAME		MARYLAND 14. MOTHERS MAIDEN NAME	1 0 3/1				
TAGRAL WART	- no A m	BARREDA	ECHABF				
TOSEPH AART 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL	BARBARA (ADDRESS				
LNK	e) SECURITY NO.						
18.332 X I	CAUSE C	PF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	C.F.	PERROL THROW	Deris o dave				
(This does nat mean the made of dying, e heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)	se,	REBRAL THROM					
ANTECEDENT CAUSES	(B) 17R76	R105C1CR071C V45C	ULAL direct				
DISEASES OR CONDITIONS, if any, give							
rise Ia lhe obave cause (A) stating UNDERLYING CONDITION last.	the (C)						
ll ll							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		TL PINEUMONIA	2445				
198. CONDITION FOR WAS PERFORMED	DR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21°C. WHERE DID (I office bidg., INJURY OCCUR?	f in Boltimore City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCC	U R?				
OF INJURY (APPROX.)	While At Not Whi Work At Work	le 🗌					
22. I certify that (I) (this hospital) attende	d the deceased from 4	5 EPT 1966	to 1555 FFT 1966,				
that (I) (we) last sow the deceased olive a	that (1) (we) last sow the deceosed olive an 1 5 EPT 19 6 ond that in (my) (our) apinian death accurred an the date						
and haur ond fram the couses stated above	and haur and fram the couses stated above. (†) (We) (did) (did-mot) view the bady after death.						
23A. SIGNATURE	121		23 B. DATE SIGNED				
23C. PHYSICIAN'S	whiley M.D. Att	ending Med. Stoff Phys. 23D. ADDRESS	155EPT 66				
NAME (Type)	M.D.	Daliani mem	18111 1/000				
	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)				
Berlil 9/19/66	Laden of	Foith Bal	to mid				
25A. DATE REC'D STHEALTH GEPT GER 258 NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
20 1300 060	est E. Jaba A.	Connelly Long	300 Miace				
VS 150-REV. 1/1/65	0000	0 3 6 0					





		00 2000	BALTIMORE CITY	HEALTH DEPARTMENT		66 09368
- 11		H NO. 66 U9368	CERTIFICA	TE OF DEATH	Registered No	00 03368
	1 , N Тур	AME OF DECEASED	R. Abbott		9-16-19	66 12.30 P. M.
	F	FULL NAME OF (If not in hospitol or institution) OSPITAL OR oddress or location)	ion, give street	Many 1	and limits, write RU	JRAL ond give township) #2/2/30
	S	outh Baltimore Go	eneral Hos	D. STREET ADDRESS (IT	Hanove	r 3.7.
	5. \$		NED, NEVER MARRIED WED, DIVORCED (specify) OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 9-1-84 11. BIRTHPLACE (State or fore	82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	done	a during most of working life, even if retired) THUSEWIFE FATHER'S NAME	Home	14. MOTHER'S MAIDEN NA	Q	WHAT COUNTRY?
.		ALBBRI ABB	1 6. SOCIAL	Sa P	ah	ADDRESS
	Yes	,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	The second secon		2551133
		DISEASE OR CONDITION DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO	numanuo		
		injury or complication which caused death.) ANTECEDENT CAUSES	(B) B1	anchites x	emphryem	
		DISEASES OR CONDITIONS, il ony, girise lo lhe obove couse (A) slaling UNDERLYING CONDITION lost.	ving The (C) Aster	numanitis modificatio Car	diruxalo	,
before the remains	ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	ERTIFIC/	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	CALC	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examinet)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
		21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not While At Work		URY OCCUR?	
		22. I certify that this hospital) attend that (we) lost saw the deceased alive	9 11	. / /		9-16 1966 ian deoth accurred on the dote
		ond hour ond from the causes stoted obav				23 B. DATE SIGNED
		Stephen Mar 23C. PHYSICIAN'S NAME (Type)	munff M.D. Att	ending Med. s. Director 23D. ADDRESS	Stoff Phys. 2	9-16-66
	24A	Stephen Hame	c. NAME & CEMETERY OF CR	South Baltim	OCATION GENE	ral Hospital
	1	REMOVAL (Specify) BURIAL DATE REC'D BY HEALTH DEPT. 258. NA/	MORBLAND M	Brg. Pk. /	BALTIMERE	ADDRESS
	2314	SEP 19 1966 A C	4 50 0	25C. EUNERAL DIRECTO	Denny, Inc	71546455
	VS	150-REV. 1/1/65				



was D.O.A. at a hospital

NAME (Type)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

(5) Deceased

688

(C)

Suc

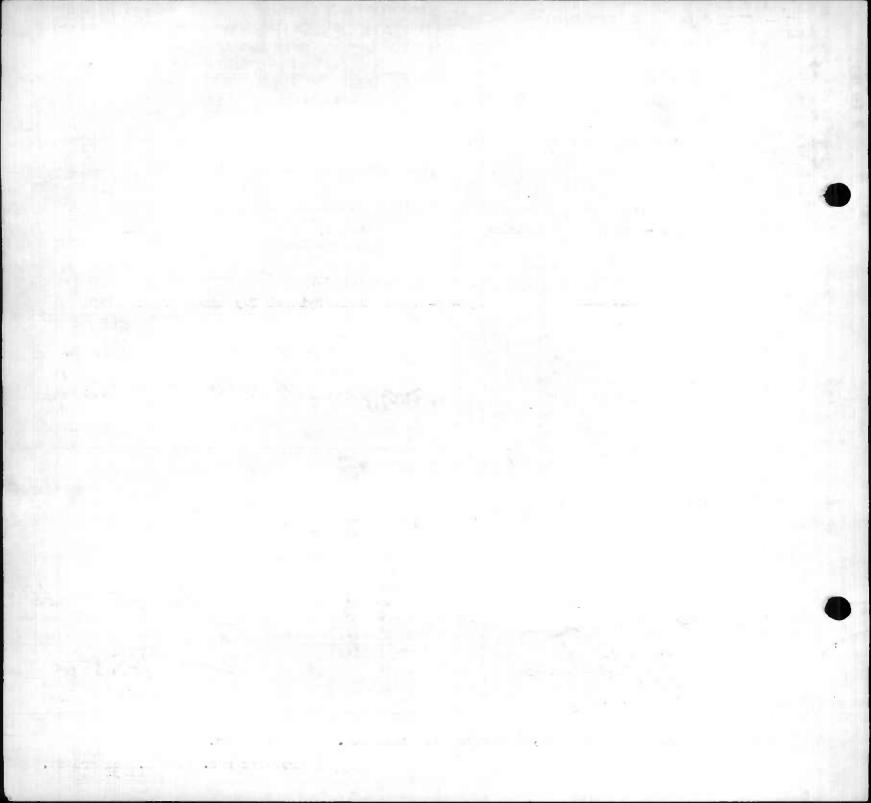
		TY HEALTH DEPARTMENT		66 00000	
ath-No. 66 09369	CERTIFICA	ATE OF DEATH	Registered Na.	66 09369	
N.E. CASE NO. NAME OF DECEASED			ND HOUR OF DEATH		
ype or Print) LESLI	E ENGEL		9-16-66	1.00 A	
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Who	ere deceased fived. If i	institution: residence before admission	
FULL NAME OF (If not in hospital	ar institution, give street	MARYLAND		05-04	
HOSPITAL OR address or location	on)	C. CITY OR TOWN (If or	staide city limits, write	RURAL and give township)	
	INC HOSBITAL	BALTIMORE		,	
THE JOHNS HOPK	INS HUSPITAL		rural, give location)		
53		1 7 1 - 7	REET		
1ALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12-12-82	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.	
A. USUAL OCCUPATION (Give kind of wor	108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
Miner - Labor	Mining	Hungary		USA	
FATHER'S NAME	3	14. MOTHER'S MAIDEN NAME			
ANDREW EN	GEL	MARIE KE	EREKES		
. Was Deceased Ever in U. S. Armed Fo es, no or unknawn) (If yes, give war ar dat	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 1 1/1	ADDRESS	
No	236-07-47261	Maria Nyttrai	203 Essex A	Venue 21221	
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the made at heart failure, osthenia, etc. It means injury or complication which caused ANTECEDENT CAUSE:	dying, e.g., DUE TO	monchial process	romin Gall Blods	2 days	
	DUE TO	0			
DISEASES OR CONDITIONS, it rise to the obove cause (A) UNDERLYING CONDITION lost.					
, II					
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL	ATED TO THE				
19A. DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N YES		FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY (APPROX.)	While At Not Will Work At Work			4- 0 4	
22. I certify that (I) (His haspite	attended the deceased from 2	5 Aug 6L	19 10 12	1066	
tha (D) we) last saw the deceas		I d	at is av lauri	inian death accurred an the da	
				amon death accorred an the do	
23A. SIGNATURE	ated above (1) We) (did) (did nat)	view the bady after death.		DATE SIGNIES	
5 1/12		ttending - Med -	f. #	23B, DATE SIGNED	

23 D. ADDRESS THE JOHNS M.D. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar county) Cem. Balto Co. Md.

2SC. FUNERAL DIRECTOR
Dippel Brothers Inc. 1800 E212mbard St. Burial Sept 19,66 Gardens of Faith Cem.

25A. DATE REC'D BY HEALTH DEPT.

SEP 19 1966 P. Leef E. Forkerte

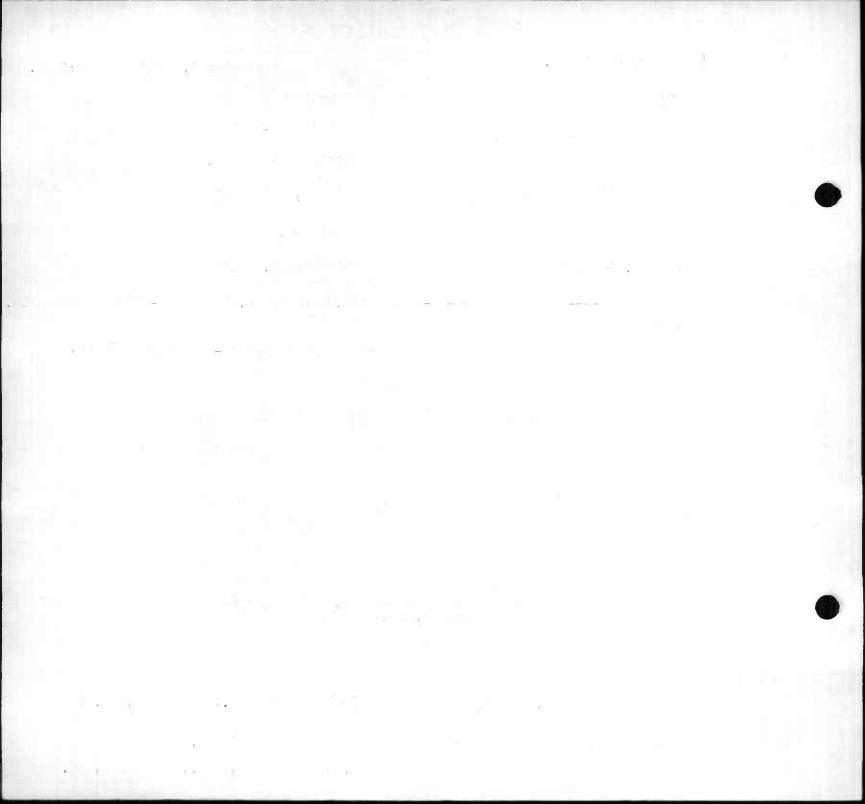


SAB-32-18-61

H	53266 09370 BALTIN	AORE CITY	HEALTH DEPARTMENT		66 00070			
1	BIRTH NO. CERT	ΓIFICA	TE OF DEATH	Registered Na	66 09370			
	I. NAME OF DECEASED			HOUR OF DEATH	. 00 ~			
	(Type or Print) Nicholas Pantagas		9/13	166	1 P M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY		tion: residence before odmission)			
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)		C. CITY OR TOWN (If outside	de city limits, write RURA	Al and give township)			
	INSTITUTION COLUMN COLU	Balto.	te city minis, wife Koke	26-07				
	31 baltime City Hospitals	4	D. STREET ADDRESS (If rur	ol, give location)	27224			
9	4940 Eastern Avenue, Baltimore, Mary		B. DATE OF BIRTH 19.	AGE (In years 11	, 21224			
BE S	male white widowed, Divorced	(specify)	1/1/90	76	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.			
- LLC	done during most of working life, even if retired)	INDUSTRY		country) 12	WHAT COUNTRY?			
	Steelworker Steel		Creace		Orece			
Spos	13. FATHER'S NAME		14. MOTHERS MAIDEN NAME Not Com	·~				
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY	NØ.	17. INFORMANT		ADDRESS			
TILL I	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Records:BCN-4940	Eastern Aven	nue 21224			
0	1B. 420. 11-159X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	unknown? ". "	MI	menintes - he				
		(This does not mean the made of dying, e.g., DUE TO						
E	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) congestive heart failure 4 years DUE TO							
0	DISEASES OR CONDITIONS, if any, giving							
S	rise to the above cause (A) slating the (C) UNDERLYING CONDITION tast.							
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(TI V	and belown					
a l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	-	20A. AUTOPSY? (Yes of No.)	20B. IF YES, WERE FIND	INGS CONSIDERED			
e 1	WAS PERFORMED		Yes	IN CERTIFYING CAUSES	OF DEATH?			
Detore	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
0	Q 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
dine	(APPROX.) White At Work	Not Whil At Work	е					
001	22. I certify that (I) (his haspital) attended the deceased from 8/20 1966 to 9/13 1966.							
0	that (I)(we) last saw the deceased alive an 9/13 19 66 and that in(my) (aur) apinian death accurred an the date							
must	and haur and from the causes stated abave. (1) (We) (did) ((did nat) v	iew the bady after death.	231	B. DATE SIGNED			
E	Bruce M. Doros	M.D. Atte	ending Med. St s. Director P	off Nys.	9/13/66			
0 0	23C. PHYSICIAN'S NAME (Type)			erm Avenue, B	altimore, Maryland			
approvai	ORUGE M. SOW	M.D.	Balto-let	Aosps.				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	1.1 1	0 1		own, or county) (State)			
Птеп	BUT 12 9/13/66 Greek OF 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Thedo	DEC EUNERAL DIRECTOR	timore, M	ADDRESS			
3	SEP 19 1966 (P. Pro. Pr. 2. Fa.	Deut A	Nicholas I. N	10 tthews ern Ave. B.	N - 1			
	VS 150-REV, 1/1/65		1 1 1 1 1 1 1 1 1	on non de	110111010,1101			

66 09371	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
cherine R. Redmond	2. DATE A
(If not in hospitol or institution, give oddress or locotion) 1 Convalescent Home	c. city or town (16 o
ce 7. MARRIED, N widowed, Widowed,	DIVORCED (specify)

100	The same of the sa	66 0	9371	BALTIMORE CITY	HEALTH DEPARTMENT		66 09371
100	TH NO.	00 0	0011	CERTIFICA	TE OF DEATH	Registered Na.	00 00011
	AME OF DECEAS				2. DATE A	ND HOUR OF DEATH	
(Typ	pe or Print) Ca	atherine	R. Redm	ond	Ser	otember 3. 1	2:35 P. M. nstitution: residence before admission
	PLACE OF DEATH				4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceased lived. If in	nstitution: residence before admission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in ho	spitol or institut ocotion)	ion, give street	c. city or town (If of Baltimore -	utside city limits, write	RURAL and give township)
	Нос	d Conva	lescent	Home		rurol, give location)	
9					1331 Homest		
5, 5		hite	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) OWED	April 14,1893	19. AGE (In years tost birthdoy)	on the Doys Hours Min.
			of work 10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	e during mast of work	ing life, even if re	tired)		Baltimore, M	-	WHAT COUNTRY? USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
į	John H.	Johnson	n		Catherine R.	Belle	
15.	Was Deceased Eve s, no or unknown) (If	r in U. S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	yes, give wor o	or doles of servi	212-09-4980	Mrs.Genevieve	J.Silverber	g-1331 Homestead St
	1B. 422	/ I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION		A 4			
		DING TO DE			eriosclerotic C	ardio-vascul	Lar 3 yrs.
	heart failure, asthenia, etc. It means the disease,						
	injury ar camplication which coused death.) Disease ANTECEDENT CAUSES						
				DUE TO			
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.						
	II						
ATION	OTHER SIGNIFICATO THE DEAT	H BUT NOT	RELATED TO				
FIC.	19A. DATE OF OP	ERATION 198.	CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WA	S PERFORMED		No	IN CERTIFING CA	AUSES OF DEATH?
CAL CE	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	G CAUSE O	ING	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
MEDIC		onth) (Doy)	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
×	(APPROX.)			While At Not While Work At Work			
	22. L certify the	t (1) (this hos	spital) attend	ed the deceased fram	1777 2	19 66 to Ser	otember 1966.
				an July 2, 9/2	19 66 and t	hat in (my) (inian death accurred an the date
	and have and fr	om the cause:	s stated abov	e. (1) (We) (lid) (did nat) v	view the bady after death.	•	
	23A. SIGNATURE	1.	1./ 7	0			23B. DATE SIGNEO
	C	arene	w. L	M.D. Atte	ending Med. Director	Staff Phy s.	4/6/66
	23C.PHYSICIAN'S NAME (Type)				23D. ADDRESS		
		Clarenc	e W. LeI	oux M.D.	3023 Eastern	Ave., Balti	imore, Md. 21224
244	REMOVAL (Spec	TION, 24B. DA	TE 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
	Burial	9/7/	66	Parkwood Cemete:	ry B	altimore, Ma	aryland
25 4	A. DATE REC'D BY	HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
		arten al A *	000	10 0 7 1 10 40	H.Sander & S	ons, Inc., E	Baltimore, Md.
VS	150-REV. 1/1/65	P 19	900 (II.V	CAN CANCELLON			



death.

prior to

attendance

regular

Was

death kind;

A SO,

or his assistant if death occurred in a hospital

IMPORTANT

1500000000	BALTIMORE CITY	HEALTH DEPARTMENT	00
66 09372	CERTIFICA	TE OF DEATH Registered	··. 66 09372
M.E. CASE NO.	GERTII 167		
1. NAME OF DECEASED (Type or Print) Emma Mae G	uen	2. DATE AND HOUR OF DEA	10 45 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, A. STATE B. GOUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospital or institution address or location) 1NSTITUTION 4940 EASTERN AV		C. CITY OR TOWN Acoutside city limits, with halfmare	26-12 rite RURAL ond give township)
BALTO., NO.	21224	D. STREET ADDRESS (If rurol, give location)	4940 Eastern Ave 21224
	WED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OMUSUAL OCCUPATION (Give kind of wark 10B, KIND lone during mast af working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	03
John Messenger	217-03-1676	Elizabeth Rider	•
5 Was Devensed Ever in II S Armed Porces?	1.6 SOCIAL	17. INFORMANT	ADDRESS 2422/
Yes, no or unknown) (If yes, give wor ar dotes af service	SECURITY NO.		K IKKH
No	andenon	RECORDS_BCH 4940 EASTERN	AVE. BALTO., MD.
18. / 5 / X	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		16	ONSET AND DEATH
LEADING TO DEATH	(A) &U	dendeath unknown	course several his.
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)		•	
	(R) - (carpu la	ly.
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, giverse to the obove cause (A) stating UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)	n or about 21C. WHERE DID (If in Baltifice bldg., INJURY OCCUR?	more City, give exoct locotion)
Q 21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Nat While		
(APPROX.)	Work At Work		
22. I certify that (1) (this haspital) attende	d the deceased fram	8 7 2 5 19 65 10	5/13 1966
that (1) (we) lost saw the deceased alive a	9/13/66) 66 and that in (my) (aur)	apinian death accurred an the date
and haur and from the causes stated above	. (1) (We) (did nat)		
23A, SIGNATURE BUCCOM, JO	M.D. Att.	ending Med. Stoff A	9/13/66
23C. PHYSICIAN'S NAME (Type) BRULE M.	Dow M.D.		VE. BALTO., MD. 21224 spetali.

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. (2) Body burns; (3) A fracture of any the physician who pronounced This certificate must be approved by the chief medical examiner FUNERAL DIRECTOR: examiner. medical 0 the body was released to the hospital by (except where shows: (1) An accident of any nature; at a hospital was D.O.A.

9-17-1966

24C. NAME of CEMETERY OF CREMATORY

24A. BURIAL CREMATION, 24B. REMOVAL (Specify)

24D. LOCATION

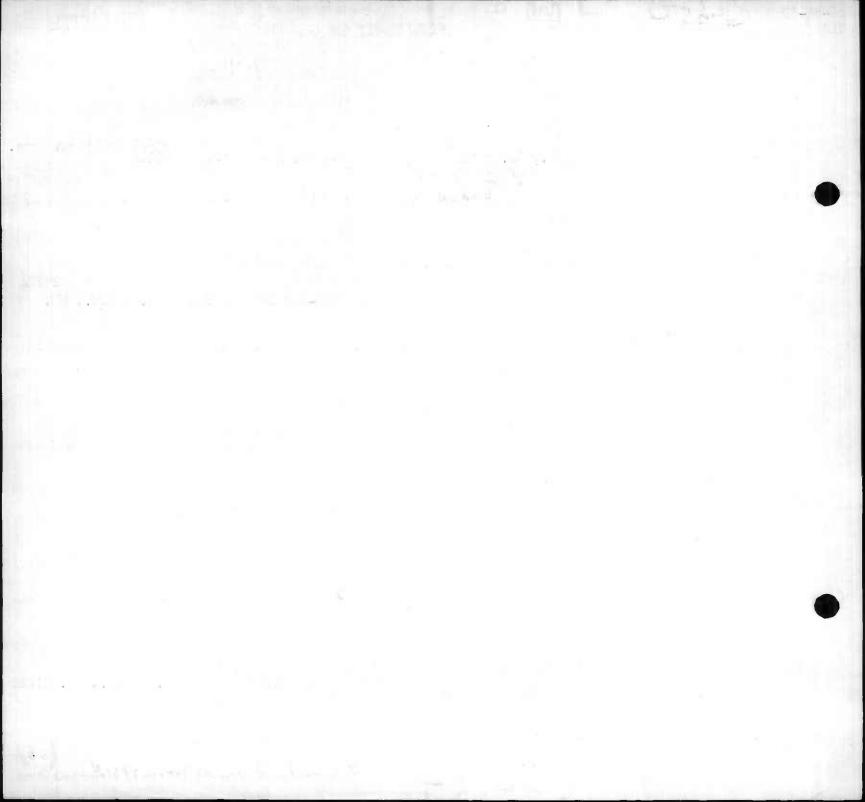
(Stote) (City, town, or county)

Burial

0ak Lawn Cemetery Baltimore,

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR



25A. DATE REC'D BY HEALTH DEPT.

the

uo

attendance

and

hospital

BALTIMORE CITY HEALTH DEPARTMENT 66 09373 66 09373 Registered No.___ SIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ANNA MAYRETTA FRANKLIN 9-15-66 death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) not in hospital or institution, give street MARYLAND HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL NSTITUTION 9 BALT IMORE prior 1255 N. BENTALOU STREET D. STREET ADDRESS (If rural, give location) 1255 N. BENTALOU STREET 21216 made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. Hours MARRIED DIVORCED (specify) lost birthdoy) FEMALE WHITE 12-6-1890 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN H. RIEDEMAN, SR. ANNIE ZUCKWORTH 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) NONE NO. NO MR. GEORGE A. FRANKLIN, 1255 N. BENTALOU ST. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heort failure, osthenio, etc. It meons the diseose, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact tocotion) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) (Month) (Doy) (Year) (Hous) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on. ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Med. Stoff Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JOHN C. POUND 3325 FREDERICK AVENUE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BURIAL 9-19-66

LOUDON PARK CEMETERY 25B. NAME OF REGISTRAR

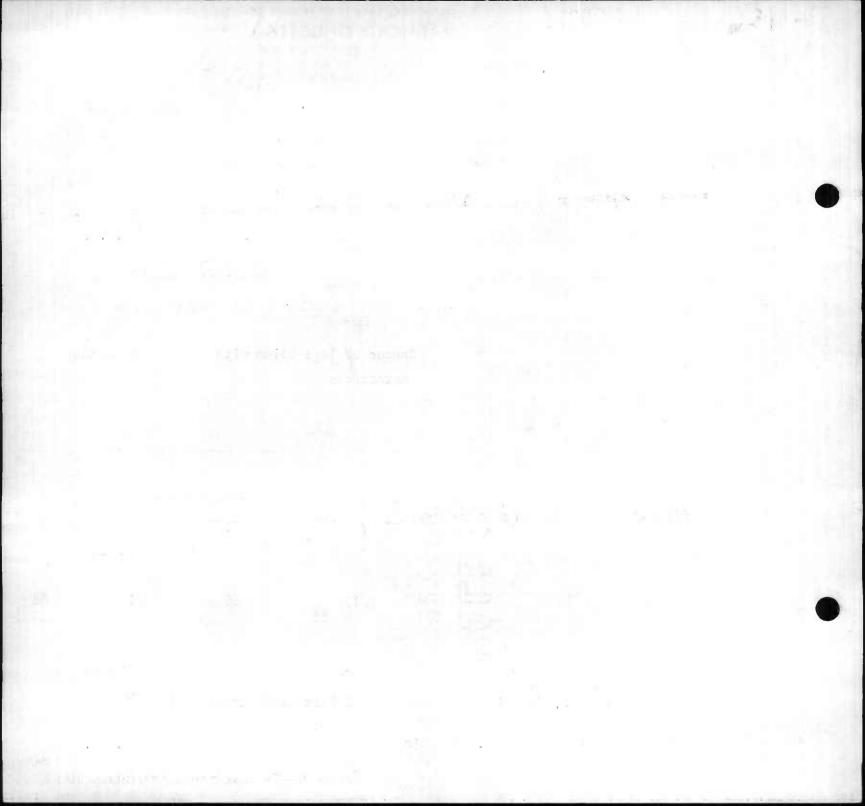
BALT IMORE.

MARYLAND

25C. FUNERAL DIRECTOR

HOWARD H. HUBBARD, 4107 WILKENS AVENUE #29

I, NAME OF DECEA	SED		2. DATE AND HOUR OF DEATH			
(Type or Print)	Ruth M.	Plumer	0.16.106	0.16.1066		
3. PLACE OF DEATH	IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before adm		
FULL NAME OF	(If not in hospital	or institution, give street	Md.	Balt		
HOSPITAL OR	oddress or location		C. CITY OR TOWN (If outside city limits, write			
	Gould Comv	ເດີ ຕຸດກຳນານ	Baltimore, D. STREET ADDRESS (If rurol, give locotion)	53-00		
90		Belair Road				
5. SEX 6.		7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under		
Female	White	widowed, divorced (specify)	7- 29- 1900 (ost birthdoy)	If Under 1 Yr. If Under 1 Months Doys Hours		
IOA. USUAL OCCUP	ATION (Give kind of work		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF		
	king lite, even if retired)	II	Baltimana C. Manaland	WHAT COUNTRY?		
Housewil	£ e	Housewife	Baltimore, Co. Maryland	U.S.A.		
	TT					
15. Was Deceased F.	Henry Milc	hling 16. SOCIAL	Elizabeth Re	inhardt		
(Yes, no or unknown) (I	yes, give wor or dote	s of service) SECURITY NO.		ADDRESS #36		
No	-	216-07-67421				
18./63	an complete the		OF DEATH	ONSET AND DEA		
	OR CONDITION DIR		er of left colon with	6 months		
	mean the made of	dying, e.g., DUE TO	er or rere coron wren	0 1110112113		
	Ihenia, elc. Il means calian which caused		astases			
AN	TECEDENT CAUSES	(B)DUE TO				
		DUE TO		and was the description of the section by the total of th		
DISEASES OR	CONDITIONS, if	ony, giving	00000000000000000000000000000000000000			
DISEASES OR	CONDITIONS, if above cause (A)	ony, giving				
DISEASES OR	abave cause (A)	ony, giving				
DISEASES OR rise to the UNDERLYING	abave cause (A) CONDITION last.	ony, giving staling lhe (C) ONTRIBUTING				
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO	abave cause (A) CONDITION last. II CANT CONDITIONS C TH BUT NOT RELA ONDITION CAUSING I	ONTRIBUTING TED TO THE				
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO.	above cause (A) CONDITION last. II CANT CONDITIONS C TH BUT NOT RELA DIDITION CAUSING I PERATION 198. CON WAS PERF	ONTRIBUTING TED TO THE TOTTON FOR WHICH OPERATION ORMED CANCER OF LEFT	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEAD DISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT	OBOVE COUSE (A) CONDITION TOST. ANT CONDITIONS C TH BUT NOT RELA NOT ROUSE NOTITION CAUSING I PERATION 19B. CON WAS PERF CO 1 OI WAS UNDERLYING	ONTRIBUTING THE TIME OF TIME OF THE TIME O	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
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DISEASES OR rise to the UNDERLYING TO THE DEADISEASE OR COUNTY OF CONTRIBUTION OF INJURY (APPROX.)	abave cause (A) CONDITION last.	ONTRIBUTING ONTRIB	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CATE OF CO. IN CERTIFYING CATE OF CO. IN CERTIFYING CATE OF CO. IN JURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)		
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DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO. 1994. DATE OF O. 211A. ACCIDENT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION (APPROX.) 22. I certify the that (I) (we) Ic and haur and for the contribution of the contributi	abave cause (A) CONDITION last. II CANT CONDITIONS C TH BUT NOT RELA DIDITION CAUSING I' PERATION 19B. CON WAS PERF CO 1 OI WAS UNDERLYING IN Month) (Doy) (Year) at (I) (this hospital est saw the decease ram the causes state	ONTRIBUTING ONTRIBUTING T. ONTRIBUTING T. DITION FOR WHICH OPERATION FT. OF LONG OF	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CATORING CATORI	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locohon) 8/1 19 inian death accurred an the control of the control		
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V\$ 150-REV. 1/1/65

11	00 000	BALTIMORE CITY	HEALTH DEPARTMENT	V	00 0000	
	ыктн но. 66 09375	CERTIFICA	TE OF DEATH	Registered No	66 09375	
Such	M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
	(Type or Print) CARTER, H	DRACE		9-16-66	3:00A M.	
death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND ANNE ARUNDEL C. CITY OR TOWN (If outside city limits, write RURAL and give township) GLEN BURNIE			
9	HOSPITAL OR oddress or location) INSTITUTION					
prior de.	to ST. AGNES HOSPITAL		D. STREET ADDRESS (If rurol, give location) 211 AQUAHEART ROAD			
	MALE WHITE WINN	RRIED (specify)	10-5-27	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
deceased ition is ma	IOA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) MANAGER RETA	IL SALES	NORTH CARO		12. CITIZEN OF WHAT COUNTRY?	
41 10	13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM	ME		
	HARRIS CARTER		REBECCA E	DG		
o di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(Uf yes, give wor or dotes of service)	16. SOCIAL	17. INFORMANT		ADDRESS	
inal	NO	246247869	ST. AGNES REC	ORDS -CATO	N & WILKENS AVES	
dan or f	18. 44 14 / X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH	
attendance med or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7140	mia bros cleurses minal Bronchy		ONSET AND DEATH	
_	(This daes not meon the made of dying, e.g					
regular re emba	hearl failure, asthenio, etc. II meons the diseas injury or complication which coused deoth.)	Me.il	broscleuses			
en	ANTECEDENT CAUSES	DUE TO		**************************************	***************************************	
=	DISEASES OR CONDITIONS, if any, givin rise to the obove cause (A) stating the	e (C) Text	minal Bronding	neumous		
s in	UNDERLYING CONDITION Iosi.					
ın was ii remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI		
Pe	O 21A. A CCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	n or obout 21 C. WHERE DID fine bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)	
obtained	OF INJURY	E. INJURY OCCURRED (hile At Not While At Work At Work		URY OCCUR?		
bto	22. I certify that (I) (this hospital) attended			1966 to SEPT	EMBER 16 1966,	
60	that (I) (we) lost sow the deceased alive on	SEPTEMBER 1	6 19 66 ond th	ot in(my) (our) opin	ion death occurred on the date	
death); must be a	and hour and from the causes stated above.	(I) (We) (did) (did not) v				
dec	23A. SIGNATURE	^			238. DATE SIGNED	
5 =	Romualdo K. Dator,	M.D. Atte		Stoff Phys.	September 16, 1966	
0 0	Romualdo R. Dator, 23C. PHYSICIAN'S NAME (Type) Romualdo R. Dator		23D. ADDRESS St. Agnes	Nacital		
pp	Komualdo K. Vator	M.D.	St. Ugnes	1102/11		
sed n a	REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City	y, town, or county) (State)	
eceased prior to ritten approval	Burial 9/20/66 Ne	W Hollywood	Cemetery L	umberton, I	N. C. ADDRESS	
dec	CED 10 10CE A A B	Q 700 48	Darmond C	Fink Cl	on Burnio Md	

omualdo 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (Stote) (City, town, or county) 9/20/66 H DEPT. 25 Burial 9 6 New Hollywood Cemetery Lumberton, Glen Burnie, Md. Raymond C. Fink

179 JAN 178 Y 1 5

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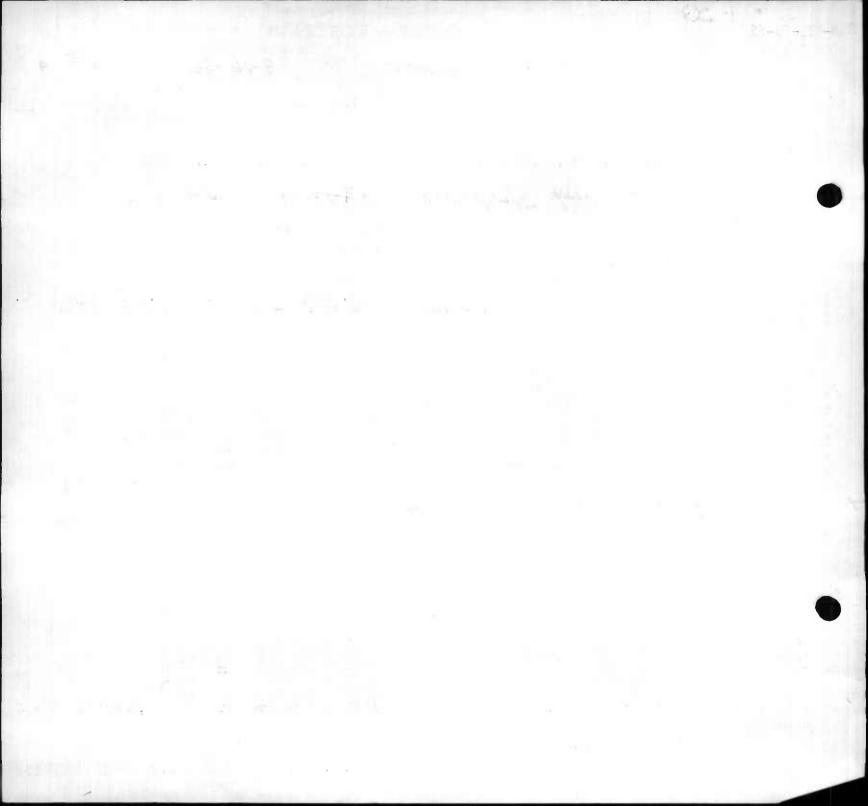
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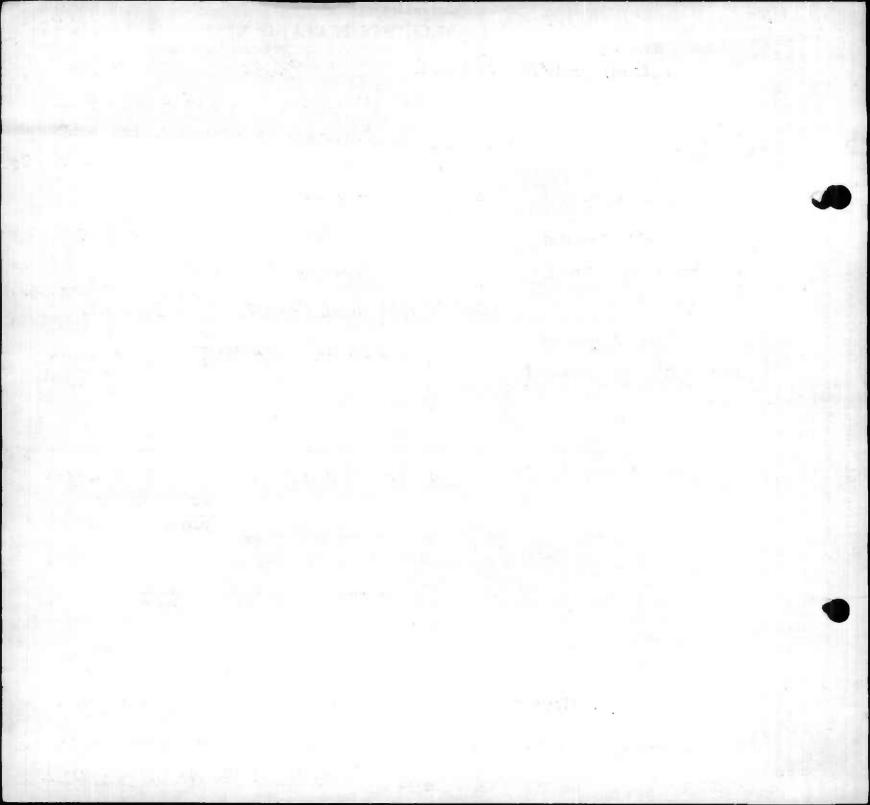
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66 09376	BALTIMORE CITY	HEALTH DEPARTMENT		66 09376	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 03376	
M.E. CASE NO.		2. DATE ANI	D HOUR OF DEATH	~	
(Type or Print) HARRY J.	ELLIOTT		16-66	6 20 A M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A 00/0/		deceased lived. If in	nstitution: residence before admission)	
FULL NAME OF (If not in hospital or institution,	give street	Maryland		26-12	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)	
21 22 - 1 2 - 0	, // . 0	Baltimore D. STREET ADDRESS (If m	urol, give location)		
4940 Eastern Avenue, Baltimore	Maryland	4901 Eastern		1224	
WIDOWS	D, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
Tale white wi	DOWED	5-17-07	59		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Oldone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
		MD.	_	USA-	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		- 10	
HARRY ELLIOTT		CATHER	CINE B	RANDT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	Mrs France R	oman 240	ADDRESS	
No 2	16-01-7497	Records: BC M-494	O Eastern	S. Washington St.	
18. / 5 0 Y I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RE	SP. & CARDIAC ARREST IHR.			
(This does not mean the mode of dying, e.g.,			70/1/68	31	
heor) failure, asthenio, etc. 1) meons the disease, injury or complication which coused death.)	hear) failure, asthenio, etc. 1) means the disease,				
ANTECEDENT CAUSES	(B)	UNKNOWN			
DISEASES OR CONDITIONS, if ony, giving	DUE 10				
rise to the obove cause (A) stoting the UNDERLYING CONDITION last.	(C)				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		. 0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE KSOPH	HAGEAL CA		The state of the s	
U 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED	
199. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED A	OF KSOPHARU	US No	IN CERTIFYING CA	USES OF DEATH?	
	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Bo)timor	e City, give exact location)	
	. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
(APPROX.)	nile At Not While At Work	e			
22. I certify that (I) (this hospital) attended t	he deceosed from	9-2-66 1	9to	9-16 1966	
that (1) (we) lost saw the deceased alive on	9-16	66		inion deoth accurred an the dote	
and hour and fram the causes stoted above. (1) (We) (did) (did not) v	iew the body ofter deoth.			
23A. SIGNATURE			S. 11	23 B. DATE SIGNED	
of active.	M.D. Atte	s. Med. Director	Stoff Phys.	9-16-66	
23C. PHYSICIAN'S NAME (Type)	0.1-1	23D. ADDRESS	1 2 - 10	1/6.0	
SHIAO-CHIU ANDREW	CHEN M.D.	4940 Eastern Ave	hue, Baltim		
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRI	EMATORY 24D. LC	OCATION	ity, to xnX o XniXiX (State)	
Burial 9/19/66 Ho:		Bal	timore,	Maryland	
	OF REGISTRAR	M.F. SADOWSK	I & SONS.	1808 EASTERN AVE	
SEP 19 1966 P. Osc. J. VS 150-REV. 1/1/65	T C. MCLABOUT	9 9 9 9	,	TO THE AVE	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	66 09377	BALTIMORE CITY	HEALTH DEPARTMENT	V	66 09377
- 11	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	33 00077
Ш	M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AN	DHOUR OF DEATH	
	(Type or Print)	POOLE	9/11/1	16	111 05 M.
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2	4. USUAL RESIDENCE (When	e deceased tived. Il ins	
I	FULL NAME OF (II not in hospital or institution,	ave steet	MARYLAND	O XI NO A	rundel 52-00
l	HOSPITAL QR oddress or locotion)	give sheet	C. CITY OR TOWN (If out	side city limits, write RI	URAL ond give township)
	INSTITUTION	-	Ruzal - (SOWNED	TILLE P.O
	(LHIVET SILY HOS	PIDAL	D. STREET ADDRESS (If r	urol, give location)	
	001110		Crownsvill	e 1.0. W.	ATErbury Jox 32
I	5. SEX 6. RACE 7. MARRIED	D, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. I Under 24 Hrs. Months Doys Hours Min.
	MALL COLOTED	SINGLE	4/3/60	66	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	11000		MAD		0.50
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	0,3,74
	Harris Paris		S ADAIL 1	Marcal	
	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ANSON	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	2 (2 7	BOX	32-WATErbury
	100	215-05-4772	KACHEL TATTOT	T CTOWN	SUILLE F.O.
l	18. /6/X I	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.4	203 1 11	2000	1 1/ .5
	(This does not mean the made of dying, e.g.	, DUE TO	ARDIAC AS	PREST	MOUR
	heart failure, asthenia, etc. It means the disease injury or camplication which caused death.)	,			
	ANTECEDENT CAUSES	(B)			-
		DUE TO			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
1	UNDERLYING CONDITION last.				
ĺ	7				
l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE CA OF	LARYNI	r	8 WKKKS
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	[20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		YFS	IN CERTIFYING CAU	SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	S DEATH (notify medical examines)		ffice bldg., INJURY OCCUR?		
l	21 D. TIME (Month) (Doy) (Yeor) (Hour) 211 OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
	OF INJURY (APPROX.)	hite At Not While			
	W	ork			1
ŀ	22. I certify that (I) (this hospital) attended	- /	,	×6 10 9,	
	that (1) (we) last saw the deceased alive on	7/11	19 <u>6 6</u> and the	at in(my) (aur) apin	ion death accurred an the date
	and have and from the causes stated above.	(I) (We) (did) (did not) v	riew the bady ofter deoth.		
	23A. SIGNATURE			/	23 B. DATE SYGNED
1	III. Elayton	M.D. Atte	s. Med. Director	Stoff Phys.	9/11/66
l	23C.PHYSICIAM'S NAME (Type)		23D. ADDRESS	, ,	1
	M Clayton	M.D.	9 min H	no Ke	IL AND
		AME of CEMETERY or CRE	EMATORY 24D. LO	DEATION (City	r, town, or county) (State)
	D, 0 . 10// \1	1 . 1 1 1	1	ANIIO	named 1 1 1 a mol
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	TINNE	ADDRESS
		4 44 4	OE WIND	CIL ANN	inpulia ma)
	VS 150-REV. 1/SEP 19 1966 P. P. C.	C. Constant	TAIR MICH	S LI VINN	11-01/2) 11/CF
	10.000				



BURIAL

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

SEP

9/14/66

BETH DAVID

25B. NAME OF REGISTRAR

ELMONT, LONG ISLAND, NEW YORK

LEVINSON & BROS. INC., 6010

25C. FUNERAL DIRECTOR

SOL

ADDRESS

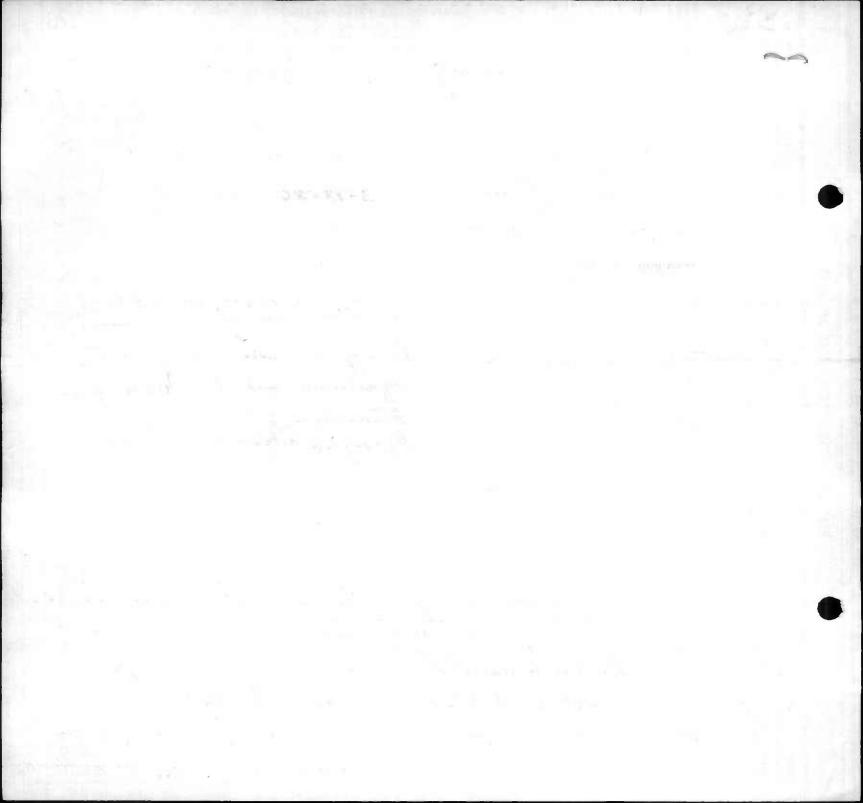
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a hospital

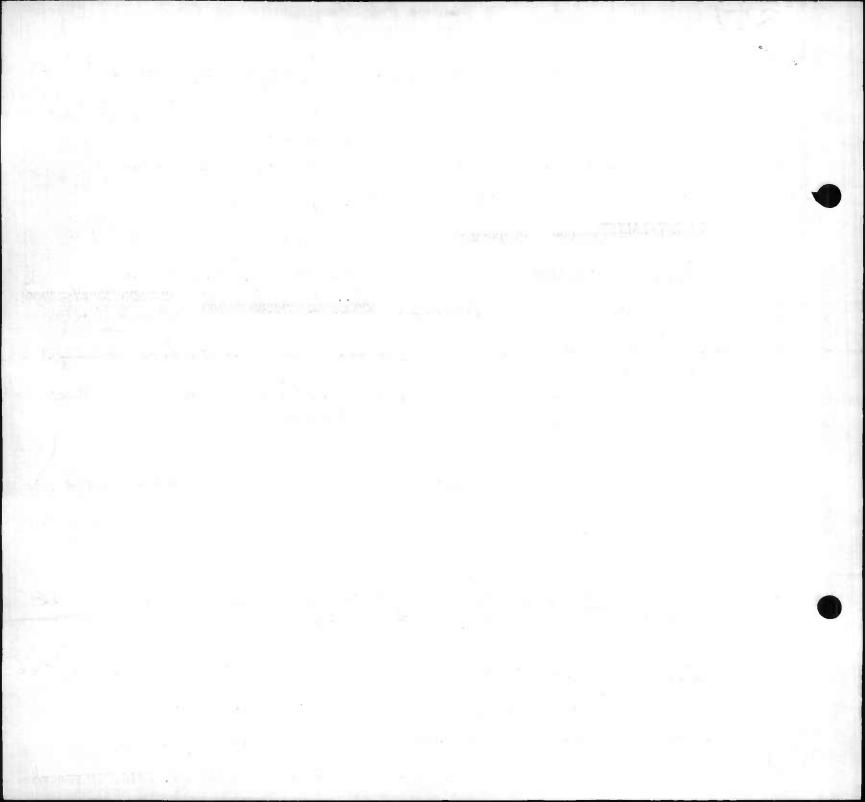
	BALTIMORE CITY	HEALTH DEPARTMENT		66 09378				
BIRTH NO. 66 09378	CERTIFICA	TE OF DEATH	Registered No	00 03378				
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Schum to	2. DATE AN	ND HOUR OF DEATH	titution: residence before odmission)				
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location) INSTITUTION	A. STATE B. COUNTY Moreforn L C. CITY OR TOWN (If outside city limits, write RURAL and give township) Rallinger							
+2 SINAI HOSPIT	2 SINAI HOSPITAC			D. STREET ADDRESS (If rurol, give lacotion) 5-810 Siese Sue.				
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED IDOWED; DIVORCED (specify) WIDOWED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, it done during most of working lite, even if retired) HOUSEWIFE	AT HOME	11. BIRTHPLACE (State or fore ROMANIA	ign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
MANNAMM UNKNOWN		PAULINE ?						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
NO	NO	MR. PAUL SCHO	GIST AVENUE					
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not meen the mode of dying	g, e.g., DUE TO	neny Thumbos		INTERVAL BETWEEN ONSET AND DEATH Renta				
heort loiture, osthenio, etc. It meons the c injury or complication which caused death ANTECEDENT CAUSES	bertinsin Car	ticken de	scan - year					
DISEASES OR CONDITIONS, il ony, rise lo lhe above couse (A) stolin UNDERLYING CONDITION lost.		in'isclemis,	u des	y eurs,				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE	7/	SI .					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)				
Z1D. TIME (Month) (Doy) (Year) (Ho. OF INJURY (APROX.)	While At Not While At Work			0				
22. I certify that (1) (this hospital) atte	ended the deceased from	Jept 10	19 / 6 to 0	test 12 1966				
that (1) (we) lost sow the deceased ali	ve on Jupa 1 d	19.6 G ond th	ot in(my) (our) opin	ion death occurred on the dat				
ond hour and from the causes stated al	bove. (I) (We) (did) (did not) vi	iew the body ofter death.						
23A. SIGNATURE Nathan	Phys		Staff Phys.	9/12/66				
23C. PHYSICIAN'S NAME (Type) NATHON E,	NEEDLE M.D.	3D. ADDRESS 4215 (Son Hy B K	Frame,				
24A- BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRE	MATORY 24D. L	OCATION (City	y, town, or county) (Stote)				

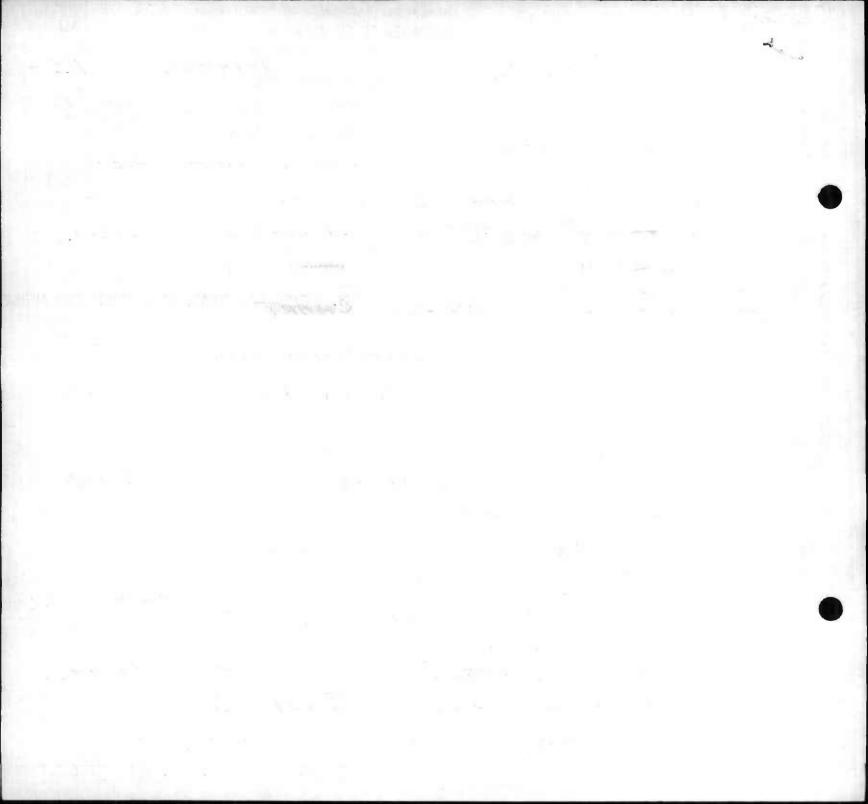


VS 150-REV. 1/1/65

-	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 66 09379 CERTIFICATE OF DEATH Registered No. 66 09379
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)
	Kosen bacem Herry S. Sept. 13, 1960 6 7 P.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give township)
	U. STREET ADDRESS (If rurol, give location)
	Source Housida of Rollewood, 3320 Securio Duo.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday) Months; Days Hours Min.
	MALE WHITE MARRIED OCT. 14, 1903 62 Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF
	done during mout of working life coven if retired) WHAT COUNTRY? Pro-Could OSA
	13. FATHER'S NAME
•	ISSAC ROSENBAUM Kate. Branslein.
	15. Was Deceased Ever in U. S. Armed Foices? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. ELOISE ROSENBAUM MALLING MRS. ELOISE ROSENBAUM
	NO : CULENOCUL -MAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAM
	18. 420, CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Message Sage Sage Sage Sage Sage Sage Sage S
	(This does not mean the mode of dying, e.g.,
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B) A TOUTO SCLOUTO THE MULLIT - GLOUT
	DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stating the (C)
	UNDERLYING CONDITION last.
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	other significant conditions CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Thorogy traceme deevine vesusatation 3 days.
	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 1204 AUTORSYZIVES OF NO. 208 IE VES WERE EINDINGS CONSIDERED
	WAS PERFORMED TO CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (It in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
	U .
	21D. TIME (Month) (Doy) (Yeat) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At Not While
	Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 19 66 and that in (my) (aux) apimon death accurred on the date
	and haur and fram the causes stated above. (1) (We) (did) did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Encero of Mexicological M.D. Attending Med. Stoff Sept. 13, 1966
	NAME (Type)
:	EVERT H-HESSEL BERG M.D. STUCK HOS POTOL — [24A- BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY OF CREMATORY [24D. LOCATION (City, Inwo. of County)] (State)
1	REMOVAL (Specity)
	BURIAL 9/14/66 CHITUK AMUNO 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MARYLAND ADDRESS
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BROS INC. 6010 REISTERSTANDED
ш	THE STATE OF THE S

LEVINSON & BROS INC. 6010 REISTERSTOWN





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attendance on the to death.

The state of the s				
BALTIMORE CITY HEALTH DE	CITY	HEALTH	DEPARTMEN	T

			BALTIMORE CITY	HEALTH DEPARTMENT				
	BIRT	н но, 66 09381	CERTIFICA	TE OF DEATH	Registered Na	66 09381		
	M.E	AME OF DECEASED	02.(11.10)		HOUR OF DEATH			
	(Тур		LKINE	9	113/60	1 > 1		
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	F K / / - O	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	tution: residence before admission)		
	١.	The state of the s			1	27-20		
	F	OSPITAL OR (If not in hospital or institution oddress or location)		MARY LAND C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give township)		
	"	NSTITUTION SINAI HOSPITA	/	BALTIMORE				
	١,	,		D. STREET ADDRESS (If rurol, give lacotion)				
ade.	4	2	*	6810 CROSS COL				
9	5. S		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
S	F	EMALE WHITE MA	RRIED	MARCH 18, 1918 48				
u O		during most of working lite, even if retired)	OF BOZINEZZ OK INDOZIKI	11. BIRTHPLACE (Stote or foreig	n Country)	12. CITIZEN OF WHAT COUNTRY?		
		HOUSEWIFE	IT HOME	KANSAS CITY	Ressoure	USA		
000	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAN	(E			
disposit		HERMAN FRIEDSON		IDA FRIEDSON	1			
0	15. Yes	Was Deceased Ever in U.S. Armed Forces? s,no ar unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
fin		NO	UNKNOWN	RABBI ABRAHAM S	SHAW. 6810 CT	ROSS COUNTRY BLVD.		
0		18.200,21	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
9		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M	.O. t (/	6-	15 mos		
alme		(This does not mean the mode of dying, e.	(A) DUE TO	arguen ce	July home	137705		
Ω		heorf foilure, osthenio, etc. Il meons the diseo injury or camplicofian which coused deoth.)		ancited 1	/			
E H		ANTECEDENT CAUSES	(B)	***************************************				
are		DISEASES OR CONDITIONS, if ony, givi	ng					
		rise to the obove couse (A) stoling to UNDERLYING CONDITION lost.	he (C)	***************************************				
the remains		11						
e.	05	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING THE					
9	O A	DISEASE OR CONDITION CAUSING IT.	PR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED		
+	RTF	WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?		
before	Ü	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore (City, give exoct locotion)		
pel	\rac{1}{2}	DEATH (notify medical examiner)	etc.)	nee blogs, made of cont.				
ained	1 444	21D. TIME (Month) (Doy) (Year) (Hour)	IL INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
Ē	2	(A BBBOY)	While At Not While Work At Work					
ā		22. I certify that (I) (this hospital) attende	d the deceased fram	9/8/66	9 to 9	1/3/66 19		
0		that (I) (we) last saw the deceased alive a	n 9//3	19.66 and the	t In(my) (aur) apini	an death accurred an the date		
و +		and haur and from the causes stated above	. (I) (We) (djd) (did nat) v	iew the bady after death.				
m ust		23A. SIGNATURE				B. DATE SIGNED		
6		L' f (follow	M.D. Atte	ending Med. Director	Stoff Phys.	9/13/66		
0 0		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		779		

HOSPITAL SINAI

M.D

24D. LOCATION

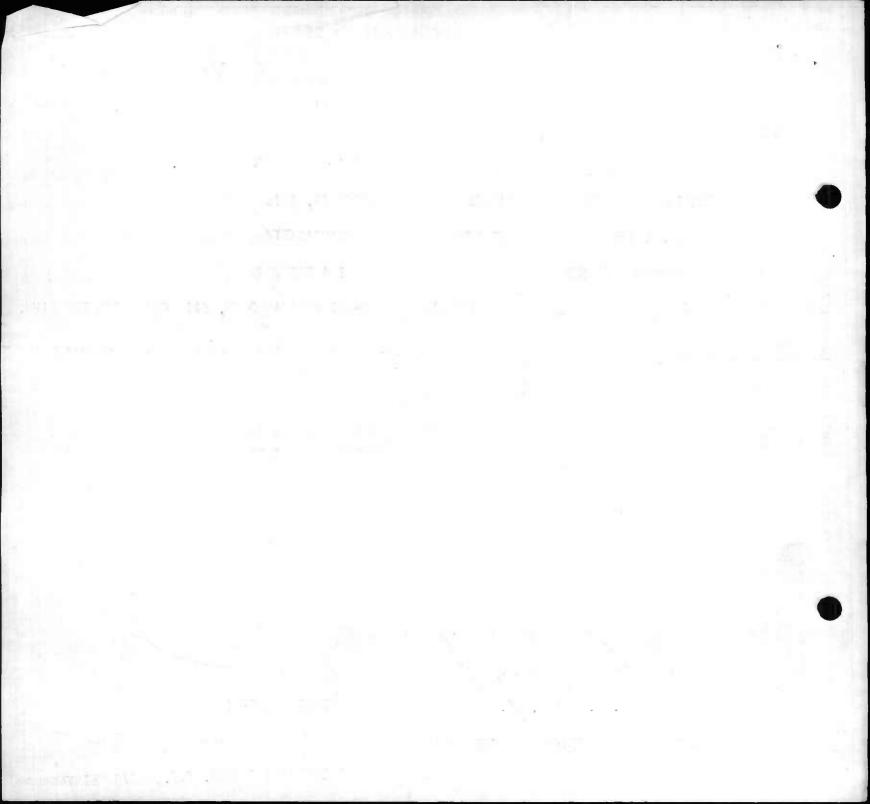
(Stote) (City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HEALTH 9/14/66 DEPT. |2 6 OHEB SHALON 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

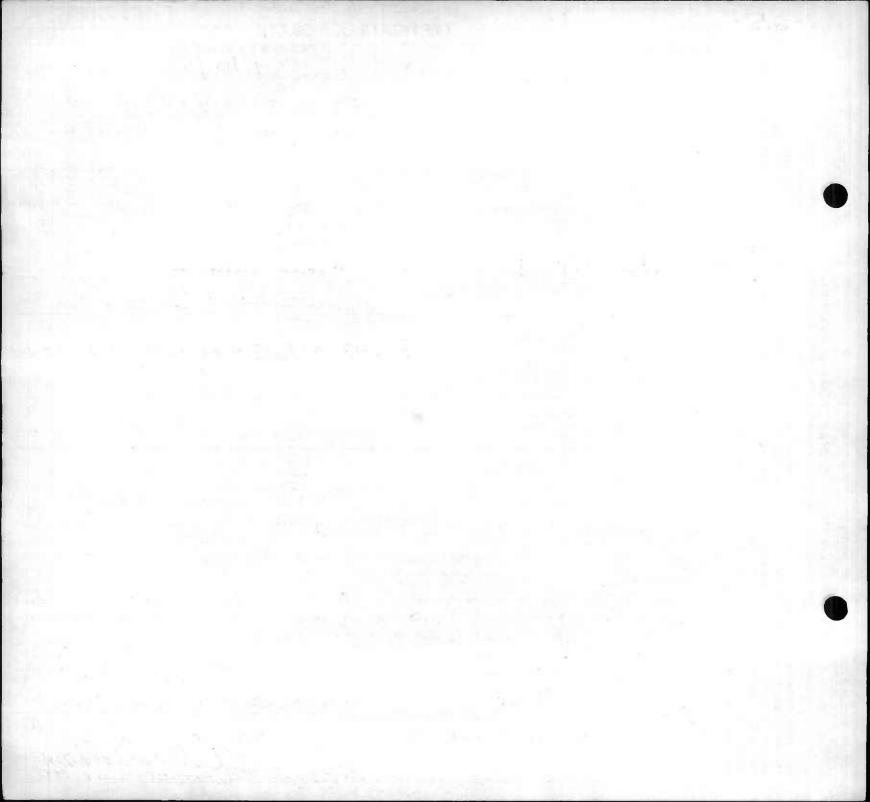
BALTIMORE, MARYLAND

SOL BROS. INC., 6010 REISTERSTOWN LEVINSON 8



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	TY HEALTH DEPARTMENT X 66 09382
BIRTH NO. 6609382 CERTIFIC.	ATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type at Print).	2. DATE AND HOUR OF PEATH
WASSON, DETTY DENNICON	9/10/66 19:15 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY
	1 00
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address at location)	Md BALTIMORK Carroll
INSTITUTION	G. CITY OR TOWN (If outside city limits, write RURAL and give township)
8	HENRYTON STATE HOSPITAL
UNIVERSITY	D. STREET ADDRESS (If rural, give locotion)
(1010-11)	. 56-0
6. RACE 7. MARRIED NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H It less birthday Months: Days Haurs Min.
T () WIDOWED BY TORCED IS PECTIFY	3/13/14 52
DA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTI	
one during most of working life, even if retired)	WHAT COUNTRY?
	W. VA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1)	6
1 HOMAS WILBURN	EMMA WILBURN
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 18 main line.
N/ 2	Thomas Wilburn, Weston, W.Va.
18. // CAUSE	OF DEATH INTERVAL BETWEEN
705	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1404001 154000
(This does not mean the made of dying, e.g., DUE TO	ILMONARY IZMBOLISH UNKNOW
heart failure, asthenia, etc. It means the disease,	
injury ar camplication which coused death.)	
ANTECEDENT CAUSES (8)	
DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	DAA AUTOBSY2 (Voc. or No.) 208 IF VSS WIERS SINDINGS CONSTRUCTION
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CALLER OF home for the stand	affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion)
DEATH (notify medical examiner) etc.)	
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.)	rk 📙
22. I certify the (1) this hospital) attended the deceased from	9/8 1966 10 9/10 1966
that (1) (we) lost sow the deceased olive on	
and hour and from the causes stated above. (We (did)(did nat)	
23A. SIGNATURE	23B. DATE SIGNED \
	Mending Med. Stoff
turk Duya	hys. Director Phys.
23C. PHYSTCIAN'S NAME (Type)	23 D. ADDRESS
Kurt Sligar M.E	0 1111168377.
	MILLESON HOSPILL
4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	
BURIAL 9-17-1966 MACHPELAH	WESTON) VP
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
4 49 4	Hequalion,
SEP 19 1966 P.O. R. S. STALLWAL	VIL HIGH BOTHOM, ELLICHTY CITY MO
/S 150-REV. 1/1/6S	7 0 0 1



Such

prior to death.

a hospital and

66	09383
00	00000

BALTIMORE CITY HEALTH DEPARTMENT

66 09383

	H NO.	00 000	,00	CERTIFICA	TE OF DEA	TH Registe	ered Na	00 0000
	AME OF DECEASED				2. D/	ATE AND HOUR O	F DEATH	
(Тур	M'R" CHA	RLES	HERBERT	- BROCKS	MITH	9-13	3 - 66	10:45 pom
3. P	LACE OF DEATH IN	ALTIMORE, MAR	YLAND		4. USUAL RESIDENC	E (Where deceased COUNTY	lived. If institution	an: residence before admission)
-	ULL NAME OF (I IOSPITAL OR 0 NSTITUTION	f not in hospitol o ddress ar lacation)	r institution, giv	e street	C. CITY OR TOWN	4	nits, write RURAL	and give tawnship)
4.		M -	0 . 4 .	71 7	BALTI	IMORE		2/206
1	MOIM	WEND	RIAL	HOSPITAL	D. STREET ADDRESS	(If rural, give la	A	Wu C.
5. S	EX 6. RACI		7. MARRIED, N		B. DATE OF BIRTH	BROOK 9. AGE (In		NUE Under 1 Yr. , If Under 24 Hrs.
	W	W	WILLOWED,	STORES (specify)	2-22-2	8 last birthday	38 000	nths Doys Haurs Min.
	USUAL OCCUPATION during mast of working li		IOB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
12	POLICEMA.	V	4717	DERT.	MARYL	AND		MSA
13.	FATHER'S NAME	0 0		ŧ	14. MOTHERS MAID	EN NAME	0	
	HENKY	(2. B	BOCKZ	MITH	HILD	A C	KOB	
	Nos Deceased Ever in ,no or unknawn) (If yes,			6. SOCIAL SECURITY NO.	17. INFORMANT W	IFE		ADDRESS SAME
	Yes W V	V 11		21/1-2/1-1018	MRS. RA	CHEL	BROG	LKSMITH
	1B. 277/	1		CAUSE O	F DEATH		Cordine V	INTERVAL BETWEEN ONSET AND DEATH
		ONDITION DIRE	CTLY	At.	M . 1-08	1.71	Acret	9/
	(This daes nal mean	the made of		DUE TO	record or	700115	//1/0/ /	LWM
	heart failure, asthenic injury ar camplication			CT	- 11 15) . 1	ь	1 /-
	ANTECE	DENT CAUSES		(B) See 1	o: Monug T	1500P/13	-	6 10V15
	DISEASES OR CON			(c) Tites	Time Obstra	retion c		2 des
	UNDERLYING CON	DITION last.		***************************************	Electrily	¿ Impo	lang	
z	OTHER SIGNIFICANT	II	NITRIBUTING		1			
CATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	BUT NOT RELATION CAUSING IT.	TED TO THE	Jejuno - Il	eal Bypass	for Exogen	ow Obes	72
CERTIFIC	19A. DATE OF OPERAT	WAS PERFO	ORMED ()	ICH OPERATION	N O	V or Na) 20K IF YI	ES, WERE FINDI	NGS CONSIDERED OF DEATH?
	21A. ACCIDENT/WAS	CAUSE OF	21 B. PL	ACE/OF INJURY (e.g., in form, foctory, street, of	ar about 21 C. WHERE		in Battimare City	, give exact lacotion)
CAL	DEATH (natify medical	exominer)	etc.)					
MEDI	OF INJURY (Manth)	(Day) (Yeor)		NJURY OCCURRED		ID INJURY OCCU	R?	
<	(APPROX.)		While	At Wark		21	0/	111
	22. I certify that (I)	(this hospital)	attended the	deceased from	8/22/6	6 19to	7/	3 / 66 19
	that (I) Kingy last so	w the deceased	alive on	7/13	1966	and that in(my)	Wary apinian	death accurred on the date
		he causes state	ed abave. (I)	Hed (did) (and how) yo	iew the bady after a	death.		
	23A. SIGNATURE	Cent	Jors 1	M.D. Atte	ending Med.	Staff Phys.	23B.	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	/ AA	LANIC		230. ADDRESS 2550	BROAD	WAY. B	ALIMORE MD
	\mathcal{I}	lan L.	Wood	S Vo. M.D.	550 Norl	4 Droad	Way, Do	elling 5, Md.
24A	- BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C. NAN	NE of CEMETERY of CRE	MATORY	24D. LOCATION	/City, tax	wn, ar caunty) (State)
	Burial	9-17-1		kwood Cemete		Baltimor	e	Md.
25A	. DATE REC'D BY HEA	LTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DI	RECTOR		ADDRESS 34

VS 150-REV. 1/1/65

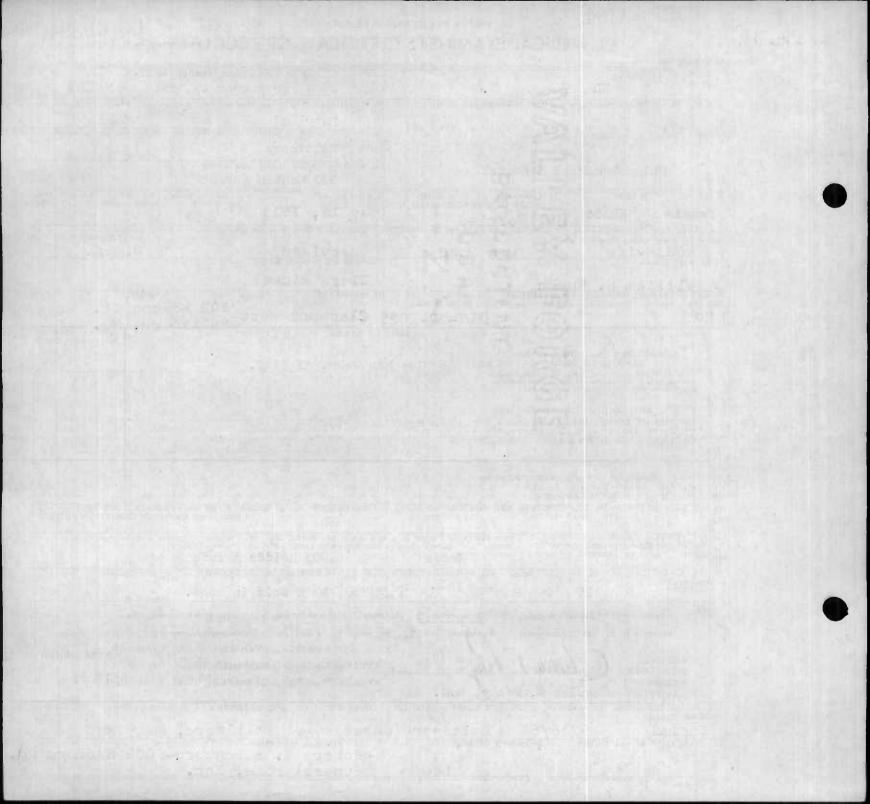
25A. DATE REC'D BY HEALTH DEPT. SEP 19 10

25B. NAME OF REGISTRAR

W-230

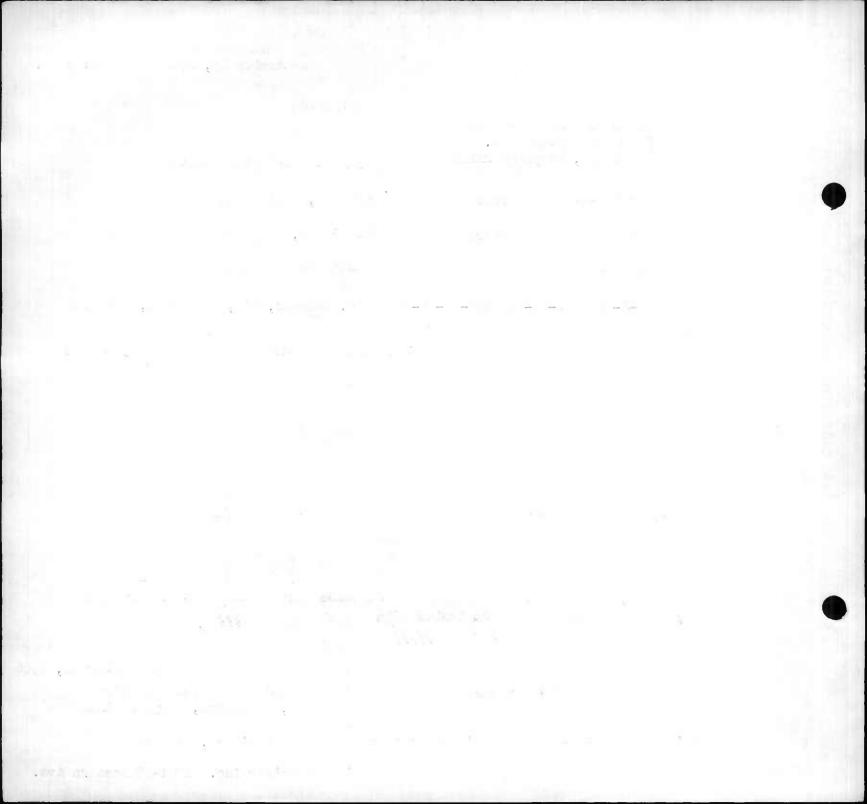
BACHMORE CIT TREACHT BETAINMENT

BIRTI	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFIC	CATE OF [DEATH Register	red Na	90004
	CASE NO.								
T. N	AME OF DEC	BLANCHE	E.		EST		ember 14, 19		9:15 P
3. PL	ACE IN BALT	TIMORE, MARYLAND, WI	ERE PRONOU	NCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If insti	tution: resid	dence before odmission)
						Maryland	B. COO	Wi	comico
FULI	PITAL OR	ADDRESS OR LOCA	L OR INSTITU	TION, GIVE STREET			e corparate limits, write	RURAL or	nd give tawnship)
INST	TUTION	7,00,000				Salisbury		70	-15
						ADDRESS (If rural,	niun Incation)	15	1 1994
150	Un	ion Memorial	Hospital		D. SIREEI				
44						302 Newton			
5. SE	X	6. RACE		NEVER MARRIED IVORCED (specify)	B. DATE O	F BIRTH	9. AGE (In years lost birthdoy)	Months	1 Yr. If Under 24 Hrs. Days : Haurs , Min.
F	emale	White			May	18, 1913	53		
10A	USUAL OCC	WILLE UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHP	LACE (State or foreig	n country)	12. CITIZ	
done	during most of	working life, even if refired)							T COUNTRY?
	House	ewife	Own	Home	Ma	ryland		U.	S.A.
13. F	ATHER'S NAM	ΛE							
	Willi	lam H. Kueh	n		Cla	ra Richel			
	VAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORA	MANT		ADDRESS	
		(If yes, give wor ar dote		SECURITY NO.	- M7-	rence We	302 Nev	vton	St.
11	0			217-22-202	3 610	Tence we	Salish	Iry.	Md
	1B. 7	76 Y.		CAUS	E OF DEAT	'H		- '	INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	ECTI V						
	Distr	LEADING TO DEATH		(A) Guns	not Wou	ind of Head			
	(This daes	nat mean the mode of	dying e.g.,	DUE TO					***************************************
	injury or co	, osthenia, etc. It means implication which coused	leoth.)						
		ANTECENIDENT CAUSE	c						
		ANTECENDENT CAUSE OR CONDITIONS, IF A		(B) DUE TO					
	RISE TO TH	TE ABOVE CAUSE (A) ST	ATING THE	DUE 10					
	UNDERLYI	NG CONDITION LAST.		(C)					×=====================================
6				\(\mathcal{O}\)					
			CONTRIBUTION	16					
<u>0</u>		DEATH BUT NOT RE							
CERTIFICATION	DISEASE	R CONDITION CAUSING	IT.						
2	19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AL		108. IF YES, WERE FI		
0	0	WA3 (EK				No			
 	21 A. EXTERNA	AL CAUSE WAS	218.	PLACE OF INJURY (e.g.	in ar about	21C. WHERE DID	(If in Boltimore City, gi	ve exoct l	ocotian)
		図OR CONTRIB- USE OF DEATH.	etc.)	form, foctory, street, House	omce orag.,	4802 Holde	r Avenue		
回						21F. HOW DID INJ			
	21D TIME OF INJURY	(Manth) (Doy) (Year		IE. INJURY OCCURRED					
	(APPROX.)	9 14 '6	6 P m. W	VHILE AT NOT	WHILE	Shot self	in head.		
	22.	rtify that I held an I				and that an th	is basis, death In r	my apinla	n
	rasu	Ited fram: Natural ca	ISOS A	ceident Suici	de X	domicide	Undetermined mann	er	
	1630	/ /		7		IEF MEDICAL EX			
	ACTUA		. 1 /	/_					DATE SIGNED
	SIGNAT		41 12	:11/2 M.		NT MEDICAL E			11=166
	EXAMI		S. Pett	y, M.D.	ASSOCIA	ATE MEDICAL E	XAMINER		9/15/66
	BURIAL CR		230	C. NAME OF CEMETERY	or CREMAT	ORY 23 D. 1	OCATION (City	, town, or	county) (State)
REA	AOVAL (Speci		100	D-144	C 1	D.	14:	Marco	land
	Burial			Baltimore			altimore,		ADDRESS
244	. DATE REC'E	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C.	FUNERAL DIRECTOR	Altenhung		Harford Ro
			N 00 B	O T. D. 48				-0009	HALLOLG IC
	S	PP 1 9 1966 (17.00	S. CONTROLLAR	<u>IF'u</u>	neral Hor	ne, Inc.		
VS	151-REV. 1/1	165 / 1	7 11	1 1 .7	17 17	27 0 1			6



-	10	di	-	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

		66 09	1000	BALTIMORE CITY	HEALTH DEPARTME	INT	66 09385
	H NO.	00 05	3380	CERTIFICA	TE OF DEAT	TH Registered Na.	00 00000
	CASE NO.	EASED			2. D/	ATE AND HOUR OF DEATH	
(Тур	e or Print)	EDWARD JAMES	PRZYBYS	Z	Se	ptember 15, 1966	7:05 P. M.
3. P1	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC	E (Where deceased lived, if in COUNTY	stitution: residence before odmission)
ll н	ULL NAME (oddress or locotion	n)		Maryland	(If outside city limits, write I	RURAL ond give township)
		Veterans Admi 3900 Loch Rav			Baltimore D. STREET ADDRESS	(If rural, give location)	
2		Baltimore, Ma				shington Street	
5. SI	EX	6. RACE		, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	Caucasion	Marr		August 1, 1	924 42	
		UPATION (Give kind of worl working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. E	Barten ATHERS NA		Tav	ern	Baltimore,		USA
		Przybysz			Josephine		
15. V	Vos Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
11 _	Yes	n) (If yes, give wor or dote 4-7-43 to 1-	/	218-12-80-57	Clin. Recor	ds, VAH, Baltim	ore, Maryland
	18. 5 K	SE OR CONDITION DI	DECTI V	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH			hosis of Liv	er	3 months
	heart failure	nat meon lhe made af , osthenia, elc. Il means mplicalian which coused	the disease				
		ANTECEDENT CAUSES		(B)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************
		OR CONDITIONS, if					
		ne obave cause (A) G CONDITION lost,	slaling lhe	(C)			
ATION	TO THE [II IIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING	ATED TO TI				
	2 4 .	WAS PER	FORMED	WHICH OPERATION		S OF NO. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U	9/14/	OD ENT WAS UNDERLYING UTING CAUSE OF	Jaundi	CE B. PLACE OF INJURY (e.g., in me, form, foctory, street, or	n or obout 21C, WHERE	DID (If in Boltimore	e City, give exact location)
CA		y medicol exominer)	etc				
Z Z	21D. TIME OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED hile At Not While		DID INJURY OCCUR?	
	(APPROX.)		W	ork		st 19 66 , Sept	tember 15th 19 66
		y that (1) (this haspita		the deceased from	A		nian death accurred an the date
				(We) (did) (did/n/o/)			nian death accurred an the date
11 1	23A. SIGNAT		rea abave.	hi) (me) (ala) yayay noy) (riew the bady after o	dearn.	23B, DATE SIGNED
			, ,	M.D. Atte	ending Med.	Stoff Phys.	September 16, 1966
	23C. PHYSICI NAME (Type Sonald	H. Ho	oter	220 4000000	3900 Loch Raven	Boulevard
	I AMEN AS		HOOKER	M.D.		, Baltimore, Ma	-
24A	BURIAL CR	(Specify)		AME of CEMETERY of CR			ity, town, or county) (Stote)
254	Burial	9-19-19 BY HEALTH DEPT.		altimore Natio	nal	Baltimore, Mar	yland
1234	. DATE RECT	AFD 40 4606	ZJO. ITANIE	e. O. Z. O. us	- W		1-07 Eastern Ave.
VS	150-REV. 1/1.	SEP 19 1966	106/20	Z NOVER	0 3 8	The The Type	

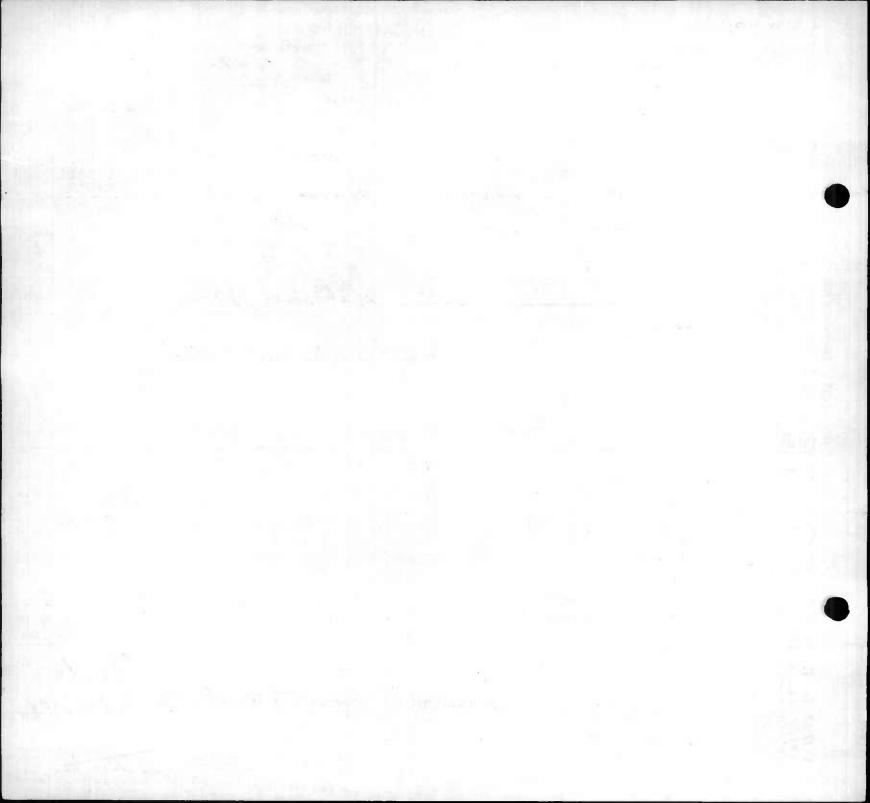


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in

VS 150-REV. 1/1/65

			Y HEALTH DEPARTMENT	
	TH NO. 66 U938	CERTIFICA	ATE OF DEATH Regi	stered Na. <u>66 09386</u>
1. N	AME OF DECEASED		2. DATE AND HOUR	
LIA	be at Print) LUTHER E	TRESLER	9/15/6	6 M.
	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	ed lived. If institution: residence before admission)
-	FULL NAME OF (If not in hospital HOSPITAL OR address at lacation NSTITUTION	aı institutian, give street n)	C. CITY OR TOWN (If autside city	limits, write RURAL and give township)
0	3809 KESWIE	215 1817.	D. STREET ADDRESS (If Tural, give	lacation)
5. \$	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (1) 17/18/89	
	. USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1	14. MOTHERS MAIDEN NAME	
15. Yes	Was Deceased Ever in U. S. Armed Far s, na ar unknawn) (If yes, give war ar date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADATRESLER / 51.	ADDRESS
-	18 / 2 2 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIE			ONSET AND DEATH
	LEADING TO DEATH	Car	teriordestic C.	1/ 02
	(This does not mean the made of	aying, e.g., DUE TO		
	heall failule, asthenia, etc. it means injuly of complication which caused			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, if			
	rise to the above cause (A) UNDERLYING CONDITION last.	1. 15		
	11			
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE		
ERTIFIC	O WAS PER			YES, WERE FINDINGS CONSIDERED TIFTING CAUSES OF DEATH?
CALC	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DID (affice bldg., INJURY OCCUR?	If in Baltimare City, give exact lacation)
MEDI	21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21E, INJURY OCCURRED While At Nat Wark At Wark		UR?
	22. I certify that (1) (this haspital) attended the deceased from	9/10 1966	10 9/15 1966.
		and the	1 2 2	r) (gor) apinian death accurred an the date
	and havr and fram the causes sta	ted abave. (I) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE	Ilassman M.D. At	ttending Med. Staff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	1 T+LASSMAN M.O	23D. ADDRESS	In a of R AL M.
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CI	REMATORY 24D. LOCATION	
	BURIAL 9/17/	66 DRUIDRIOG	BAL	TO, MO,
25 A	SEP 19 1966	258, NAME OF REGISTRAR	Carl E Cherry	3017 che Indi fra



	66 09387			BALTIMORE CITY HEAL					19387
BIRT	'H NO.	MEDI	CAL E	XAMINER'S CE	RTIFICA	TE OF D	EATH Registere	ed Na	
	CASE NO.								
1. I (Typ	NAME OF DECEASED	ARIE	HILD	A BLICKENS	TAFF	Septemb	per 15, 1966	5 .	12:25 A M.
3. P	LACE IN BALTIMORE, M	ARYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If institu	tian: residenc	e befare admission)
HO	L NAME OF (IF NO SPITAL OR ADDR	OT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	cyland WN (If outside o	corporate limits, write l		7-01
+	Union Memo	rial Hos	spital		D. STREET ADD		ve lacotion) street		
5. S	EX 6. RACE			, NEVER MARRIED DIVORCED (specify)	1/18/13	SOL.	9. AGE (In years last birthday)		r. If Under 24 Hrs.
F	emale Whi	te		OWED		ZLAND	62	I Duy	i Hoors ivin.
	USUAL OCCUPATION (Conducting most of working life, PRACTICAL		10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or foreign		12. CITIZEN C	
13. F	ATHER'S NAME	HOROE			14. MOTHER'S M	AIDEN NAME		USA	
			ADES		EMMA	KING			
	NAS DECEASED EVER IN , na arunknawn), (If yes, gi				17. INFORMANT	100	227 ST.	APPERN	A AVE.
	NO		2	20/14/8189	NORMA M.	DOELL!	E, BALTIMON	RE ZL2	.22, Md.
	1B		THE	CAUSE	OF DEATH				TERVAL BETWEEN
	DISEASE OR CO	NDITION DIR	ECTLY					011	SEI AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., heard failure, asthenia, etc., II means the disease, injury or complication which caused death.) (A) Gunshot Wound of Head. (DUE TO								
	ANTECENDENT CAUSES								
	DISEASES OR CONE RISE TO THE ABOVE UNDERLYING CONE	CAUSE (A) ST.	NY, GIVING ATING THE	DUE TO			***************************************		***************************************
Z				(C)			•••••		
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH E DISEASE OR CONDITI	UT NOT REL	ATED TO	NG THE					
. 1	19A. DATE OF OPERATIO	WAS PERF		WHICH OPERATION	20A. AUTOPSY	100	B. IF YES, WERE FINE CERTIFYING CAUSE		
O	21 A, EXTERNAL CAUSE UNDERLYING OR CONT UTING CAUSE OF DE	RIB-	21 B. hometc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of					an)
ME	21D TIME (Month)	(Doy) (Year)	(Hour)	Home		OW DID INJURY	ston Street		
	OF INJURY (APPROX.) 9	14 '66				ot in he			
	22. I certify that I	held an In	quiry 🗌			that an this	basis, death In my	opinlan	
	resulted from:	Natural cau	ses	Acciden Suicide	Homici	de 🗓 Und	determined manner		
	ACTUAL	ACTUAL OIL					MINER A	D	ATE SIGNED
	SIGNATURE	Charle	S S P	etty, M.D.	ASSISTANT MI			9/:	15/66 .
	NAME (Type) BURIAL CREMATION,	23B. DATE		C. NAME of CEMETERY OF	CREMATORY	23 D. LOC	ATION (City, to	awn, ar count	y) (Stote)
KEIV	BURIAL	9/10/	66	CEDAR HILL		A.A	. COUNTY.	MD.	
24A	DATE REC'D BY HEALT	H DEFT.	248. NAME	OF REGISTRAR	24 EN YEN	L DIRECTOR	1. Bed	Oe ADDI	RESS
	SEP 19	1966	0. 6	E, Falley MA	WALTE	R BROOK	S BRADLEY	, DUNI	DALK, MD.

WALLEY PROFES

BALTIMORE	CITY	HEALTH	DEPARIMEN

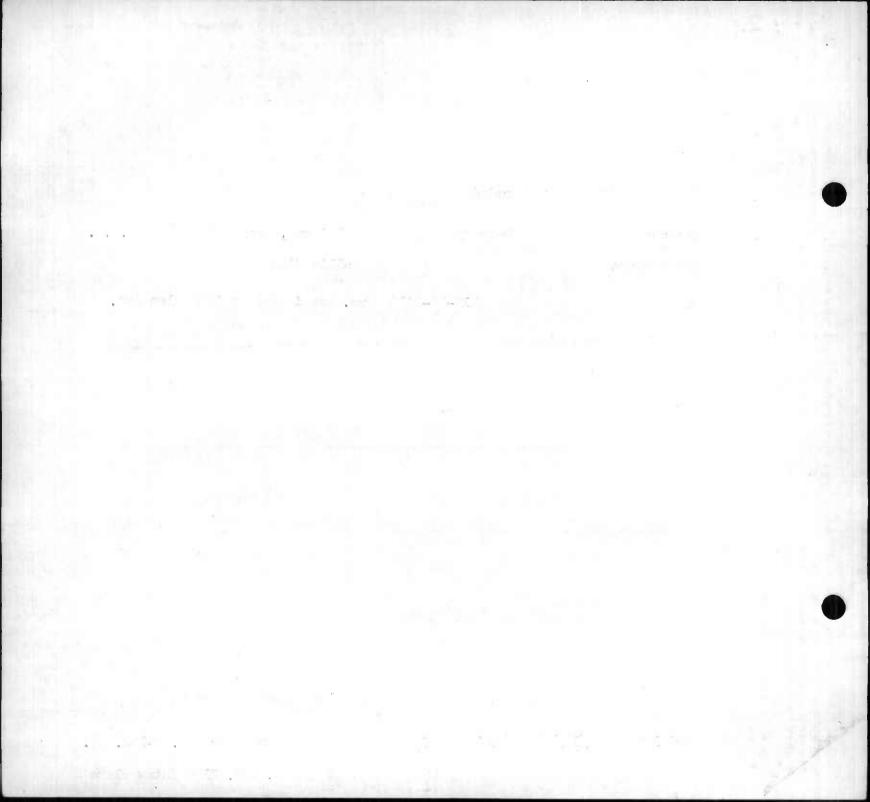
BIRT	H NO.	WEDI	CALEX	AMINER'S C	ERTIFICATE	F DEATH Register	ed Na
	CASE NO.				Market Company		
1. P	e or Print)					AND HOUR PRONOUNCE	
		RUSSELL	Henr			September 15,	1910
		TIMORE MARYLAND, W			A. STATE Maryland	B. COU	tution: residence before odmission) NTY
HO:	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If o	utside corporate limits, write	RYRAL and give to waship)
13-6	Unio	n Memorial Ho	spital		D. STREET ADDRESS (If	rurol, give locotion)	1608
7		1/	I=				Abbottston St.
5. S	íale	White		NEVER MARRIED DIVORCED(specify)	OCT. 13, 1	-953 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
		UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	MARYLAND	foreign country)	12. CITIZEN OF WHOSE COUNTRY?
	ATHER'S NAM				14. MOTHER'S MAIDEN N	IAME	
		HENRY DOEL	TR TR		NORMA BLI	CKENSTAFF	
		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ARECENA AVE.
(Yes	, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	NORMA M. DO	ELLE, BALTO.,	
	1B.	818	100	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI					Ottoe Allo Dentit
	(This does	LEADING TO DEATH not mean the mode of			not Wounds of N	Veck.	
	Inis does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)						
	DISEASES	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST	NY, GIVING	(B)			
_		NG CONDITION LAST.		(C)			
Ó				(> /			
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TI	IG HE			
RTI	19A. DATE OF			VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FIN	IDINGS CONSIDERED
ū	2	WAS PER	FORMED		Yes	IN CERTIFYING CAUS	ES OF DEATH? Yes
X		L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in or about 21C. WHERE D	ID (If in Boltimore City, giv	re exact location)
MEDICA	UTING CAU	ISE OF DEATH.	etc.)	House		ottston Street	t
Σ	21D TIME	(Month) (Doy) (Yeo	Hour) 2	E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
	(APPROX.)	9 14 '66	5 P m. W	HILE AT NOT	WHILE Shot in	neck.	
	22.	tify that I held an I	ngulry 🗌	Inspection Au	tapsy 🕱 and that a	n this basis, death in m	y apinlan
	resu	Ited fram: Natural ca	uses A	ccident Suicio	le Hamicide X	Undetermined manne	
		01		//-	CHIEF MEDICAL		
	ACTUA		the S	Cur "	ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
	EXAMIN	VER'S	os S Po	tty, M.D.	ASSOCIATE MEDICA		9/15/66
	NAME (MATION, 238 DATE		C. NAME of CEMETERY	or CREMATORY 23	D. LOCATION (City,	town, or county) (State)
REA	NOVAL (Specif	0/10	/66	CEDAR HILL		A.A.COUNTY.	MD
24A	DATE REC'D	BY HEALTH DEPT.	·	OF REGISTRAR	240. FUNERAL DIRE	TOR SI	ADDRESS
		4 10 20 20	000	O Falleyma	WALTER B	ROOKS BRADLE	EY, DUNDALK, MD
-							

14 (Sept 28 . 11 758) SSEES . HE . DET HE ALL MY . N. TOROE.

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased-

				BALTIMORE CITY	HEALTH DEPARTMENT		66 09389	
BIRT	TH NO.	66 09389	3	CERTIFICA	TE OF DEATH	Registered No	00 09389	
	E CASE NO.	FD		G_RTTT TG/		OUR OF DEATH		
(Ту	pe or Print)	MYER		KOV	9/13	5/66	1: 45 P.M	
3. 1	PLACE OF DEATH	IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Where de A. STATE B. GOUNTY	eccosed lived. If ins	titution: residence before admission)	
١,	FULL NAME OF	(If not in hospital a	or institution, a	ive street	MARYLAN	0		
1	HOSPITAL OR	oddress or location			C. CITY OR TOWN (If outside		URAL and give township)	
	113111011011				BALTIMORE	_	1-10	
4	2					give location)		
ĺ .	SINAI	HOSPI	AC	-	3502 GLE	N. AUE		
5. 5	SEX 6. 1	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. , If Under 24 Hrs.	
	M	White	Marrie		4/19/08	birthdoy!	Months Doys Hours Min.	
		TION (Give kind of work ing life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	:ountry)	12. CITIZEN OF WHAT COUNTRY?	
	Grocer	•	Gro	ישיים	Baltimore Mary	land	U.S.A.	
13.	FATHER'S NAME		a, o.	3013	Baltimore, Mary	Taria	0,00	
	Hyman Sob	kov			Mollie Winn			
15		er in U. S. Armed Ford	?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	s, no or unknown) (If	yes, give wor or dote:	s of service)	SECURITY NO.				
	no			212-26-4436	Mrs. Bessie Sobko	v 3502 Gle	en Ave.	
	18.32	7./1		CAUSE O	F DEATH Pulmy	male.	INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION DIR ADING TO DEATH	ECILY	1	August abor to	sussing	and a	
		meon the mode of	dyina, e.a.,	DUE 70		fred		
	heart foilure, ost	henio, etc. Il meons	the diseose,				4-	
	injury or complication which coused death.)			were telen	mary	Engleysema		
	ANI	ECEDENT CAUSES		DUE TO		<i>g</i>	0	
	DISEASES OR CONDITIONS, if ony, giving							
	UNDERLYING C	obove couse (A)	sloling lhe	(C)				
Z	OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING	3				
ATIO	TO THE DEAT	H BUT NOT RELA	TED TO THE		\sim			
0	19A-DATE OF OP	ERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or Noll) 20	B. IF YES, WERE FI	INDINGS CONSIDERED	
ERTIFIC	0	WAS PERF	ORMED			CERTIFYING CAU	SES OF DEATH?	
G	21 A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exoct location)	
AL	DEATH (notify me	dicol exominei)	etc.)		flice bidg., INJURY OCCUR?			
20		lonth) (Doy) (Year)	(Haus) 215	INJURY OCCURRED	21 F. HOW DID INJURY	OCCUM		
MEDI	OF INJURY	tomin (boy) (reon		le At Not Whil		OCCOR:		
-	(APPROX.)		Wor				/ /	
	22. I certify that (1) (this hospital) attended the deceased from 112/66 1966 to 9/15/661966							
	that (I) (we) los	st sow the decease	d olive an	9/15/60	19 66 and that i	n(my) (our) apin	ion death accurred on the date	
	and have and fee	am the course stat	ed chave (I'	\ (Wa) (did) (did nas) .				
	ond hour ond fram the couses stoted obove. (I) (We) (did) (dld not) vi				new the body differ dedill.		23B, DATE SIGNED	
	- //				ending Med. Staf		alieli	
	Phys. Director Phys.							
	NAME (Type)	IRPO YPI	L JR		SIVAL HOSA	DITAL		
24/	BURIAL CREMA	TION, 24B. DATE		ME of CEMETERY OF CR			y, town, or county) (State)	
	REMOVAL (Spec							
254	Burial A. DATE REC'D BY	9/18/66	25B. NAME O	i Israel	25C. FUNERAL DIRECTOR	hern Ave.	Balto Md.	
				4 4.0				
VIC	160 BEV 1/1 PE	D 10 1000	100 h	y starbura	JACK LEWIS, IN	c. 2100 Eu	taw Place	
A 2	130"KEV. 1/1/00	I DO IOOO	N LIVE	1 1 1				



Such

09390	BALTIMORE CITY HEALTH DEPARTMENT
	CENTIFICATE OF DEATH

66

	- 66	09390
Registered	No	00000

BI	RTH NO.	CERTIFICA	TE OF DEATH	Registered No.	9 00000			
	.E. CASE NO, NAME OF DECEASED			D HOUR OF DEATH				
	one or Print)	1	2, DATE AND HOUR OF DEATH SESTEMBER 15,1966 9:00 A. A.					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	ITSCH .	4. 030ME KESIDEITON ITTIO	e deceosed lived. If institut	ion: residence before odmission)			
			0.1					
	FULL NAME OF (If not in hospital or institute oddress or location)	ian, give street	MARGLAN	N				
	INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RURA	L ond give township)			
11.	uk .	. 1 /	5618 BZ	CAIR AGAD A	BATIMORE			
11	VIII Managial Hos	nital	D. STREET ADDRESS (If	rurol, give lacation)	2 /			
	Union MEMORIAL HOSP		5618BEL1	ARR Rd.	27-34			
5.		RIED, NEVER MARRIED IWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	Under 1 Yr. , If Under 24 Hrs.			
11-7	Female White WIDO	WED, DIVORCED (specify)	8-18-69	lost birthdoy) Ma	inths Doys Haurs Min,			
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN)	COUNTY		on country! 112	. CITIZEN OF			
	ne during most of working/file, even if retired)	or obtitely or introdict	W.A.	/	WHAT COUNTRY?			
	HOUSEWITE		MARYLAND		O. S. A.			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME				
	Inhalxkotopoexin Chops	inl	UNKNOWN					
15	. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Y	es, no o; unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.		342	E Kipple Rd.			
1	No		MRS. ELDINE B	OCKMAN & Ba	Lto. 7. Md			
	18. 4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		1 1 1 1 1	2 . 1	ONSET AND DEATH			
	LEADING TO DEATH	(A) (A)	ERIOSELEXATIC CO	accoursewa	· UKS.			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		Disease					
	injury ar camplication which caused death.)		2 1 1	/ / .				
Ш	ANTECEDENT CAUSES	(B)	EREBRAL TI	TROMBOSIS	3 days			
	DISEASES OR CONDITIONS, if any, gir							
	rise to the above cause (A) stating		======================================	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	UNDERLYING CONDITION lost.							
2	, II							
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C							
			Too					
FPTIFIC	2 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?			
l au								
1	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, at	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)			
	DEATH (notify medical examiner)	etc.)						
	21D. TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
1 3	(APPROX.)	White At Nat Whil						
		Wark At Wark						
	22. I certify that (1) (this hospital) ottended the deceased from Extended 12, 19 66 to SEptember 15, 19 66							
	that (1) we lost sow the deceased alive	on September	15, 19 66 and the	ot in (my) (our) opinion	deoth occurred on the dot			
	and hour and from the couses stated abov	e. (1) ((did) (dld not) v	view the body ofter deoth.					
	23A. SIGNATURE			23 B	DATE SIGNED			
-	12m 4/1	M.D. Alte	ending Med. S. Director	Stoff Phys.	9/15/11			
	23C PHYSICIANS LANGO II CAR		23D. ADDRESS	Phys.	1/10/06			
1	23C. PHYSICIAN'S JAMES W. CAR	11/2 311	230. ADDRESS		11 -4 0			
	JAMES W. CAR	718, JR. M.D.	UNION M.	morial.	Haspilal			
24	PEAAOVAL (Specify)	C. NAME of CEMETERY or CRI	EMATORY 24D, LO	OCATION (City, to	own, or deunty) (Stote)			
	Burial 9/19/66	Holy Redeemer	Cemetery Ba	altimore, Mo	i.			
25		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
	SEP 19 1966 (0.0)	. 4 9 4	Schimunek Fi	uneral Home,	Inc.			
	OLI EU 1300 (11 / 12)	TE STOLLENAN	3331 Breh	ns Lane				

VS 150-REV. 1/1/65

Brehms Lane

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

66 09391

CEDTIFICATE OF DEATH

Registered Na.

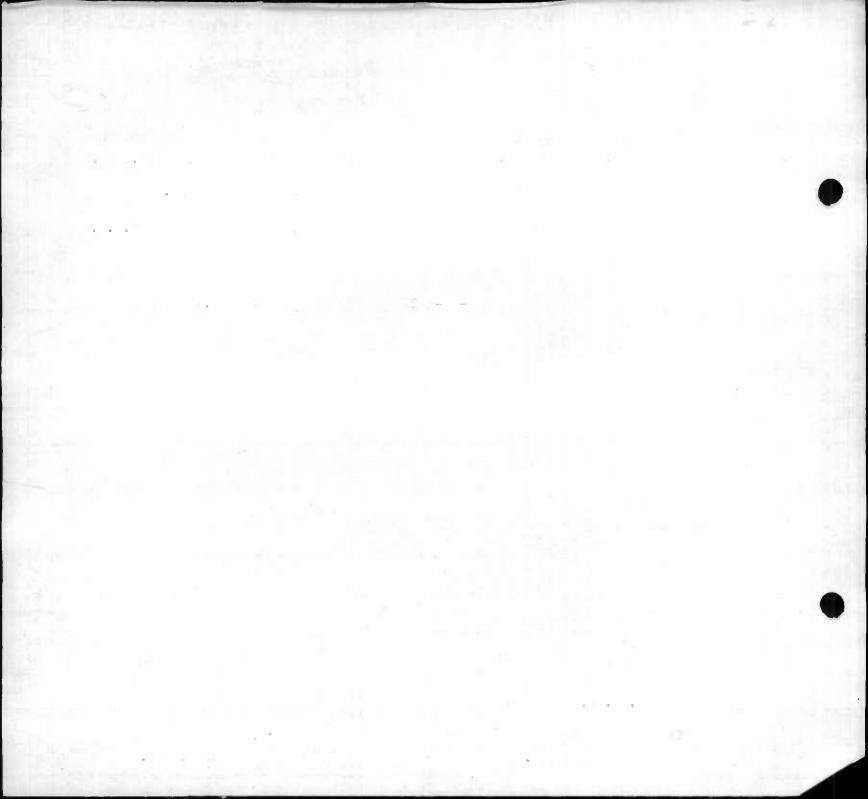
M.E. CASE NO.		ATE OF DEA	AIH Kegisieles	100001	-
1. NAME OF DECEASED (Type or Print)	MARIE LOU	rdman) 2.	DATE AND HOUR OF DE	ATH // 35	
STEELE,	MARIE 200	CISE	Lept 1	4-64000	A
3. PLACE OF DEATH IN BALTIMORE, MARYI	AND	4. USUAL RESIDE	NCE (Where deceased lived. B. COUNTY	If institution; residence before	admis
FULL NAME OF (II not in haspital or	institution, give street		_	7 10-05	2
HOSPITAL OR oddress or lacotion)	institution, give sheet	C. CITY OR TOWN	V (If autside city limits, w	write RURAL and give township.	
INSTITUTION		RALT	TROPE		
7.1	M 14	D. STREET ADDRE	INDZE SS (If rurol, give location	n)	
Union //emorie	el floso.	3902	CHESTERFI	ELD AVENU	YE
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under T Yr. , If Und	der 24
F W.	WIDOWED, DIVORCED (specify)	01-14-	76 last birthday	Months Days Hours	Mi
10A USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR		tate ar foreign country)	12. CITIZEN OF	
done during most of working life, even if retired)	- 4 3	061	2 MANY	WHAT COUNTRY?	
Kousenife	at home			4.3.	
13. FATHER'S NAME	T MTCD TATUE	14. MOTHER'S MA		341/0520 14	
FRED SEEFELD	1 (SIEPTAINE	KI BEILL	HA BIKDA.	AN/BERGM	AN
15. Was Deceased Ever in U. S. Armed Forces		17. INFORMANT		ADDRESS	
(Yes, na arunknawn) (If yes, give war ar dates o		7		-1	
19 //	519-10-6148	Lenore L	Devon, neice, a		14/F F P 1
18. 4 2 1				ONSET AND D	
DISEASE OR CONDITION DIREC	PA	reporting &	ant daily		
(This does not mean the made of d	(A) (A) (DUE TO	Thesance V	Ign 1 Factor		
heart laiture, asthenia, etc. 11 means the injury or camplication which caused de	e disease,	9:11	Geort Jailun 7 myocano	1.	
ANTECEDENT CAUSES	(B)	fri masso (of myocard	hum	
		1 6	7 ()		
DISEASES OR CONDITIONS, if an					
UNDERLYING CONDITION last.	(0)			4.K.K	
- 11				100	717
OTHER SIGNIFICANT CONDITIONS COL					
DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDI-		20 A. AUTOPSY?		FERE FINDINGS CONSIDERED CAUSES OF DEATH?	
E O C		Ye	7 -		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., HIJURY	RE DID (If in Boli DCCUR?	timore City, give exact location	n)
DEATH (notify medical examiner)	etc.)				
W OF INTIES	Hour) 21E. INJURY OCCURRED	21 F. HOV	V DID INJURY OCCUR?		
(APPROX)	While At Work At Work				
22 Leastify that (I) (this bassies)		0/12	1 10/26	9/16/	10 6
22. I certify that (I) (this haspital) attended the deceased from 7 1966 to 1966 that (I) (we) last saw the deceased alive an 9/19/19/19/19/19/19/19/19/19/19/19/19/19					
	_/ /	IY		apinian death accurred a	in the
and haur and fram the causes stated	abave. (1) (We) (did) (did nat)	view the bady afte	er death.		
23A. SIGNATURE	1			23B. DATE SIGNED	1
200 lo Zo	M.D. A	hys. Dire	d. Staff ector Phys.	7/14/6	66
23C. PHYSICIAMS ZOLTAN Z	ARDAY	23D. ADDRESS	Man	1 1/	
ZOLTAN Z	LARDAY M.E	uncon	Memorial	HOSP.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	REMATORY	24D. LOCATION	(City, town, or caunty)	(Sta
Burial 9/17/66			Baltimore,		
	B. NAME OF REGISTRAR	Schimu	inek Funeral	Home, Inc.	
CED 1 9 1986	POSE & Farburn	3331			
VS 150-REV. 1/1/85			. 1		

V\$ 150-REV. 1/1/65

00 11000	BALTIMORE CI	TY HEALTH DEPARTMENT		66 09392		
BIRTH NO. 66 0939	CERTIFIC	ATE OF DEATH	Registered No.	00 03332		
N.E. CASE NO.		2. DATE AN	D HOUR OF DEATH			
Type or Print) CLEMENS, LILI	mbon 11, 106	6 1 1100 A				
PLACE OF DEATH IN BALTIMORE M.		4. USUAL RESIDENCE (When	e deceased lived. If insti	6 1 4 00 A		
			TY			
FULL NAME OF (If not in haspital HOSPITAL OR address at locali	ar institution, give street	Maryland		26-16		
INSTITUTION	311)	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township!		
2227 M-E7 10 C1	Baltimore D. STREET ADDRESS (If	utal, give lacation)				
3331 McElderry St						
Baltimore, Maryla		3331 McElderry Street, Balto., Md. 2120				
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)			If Under 1 Yr. If Under 24 F Manths Days Haurs Min		
emale white	widowed	October 8, 187				
OA, USUAL OCCUPATION (Give kind of wa lane during most of warking life, even if retired)		RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
lousewife	at home	Baltimore, Mary	rland	U.S.A.		
3. FATHER'S NAME	a o momo	14. MOTHER'S MAIDEN NAM		0.00111		
		T 75.1				
Thomas Jefferson Mito		Laura Ringrose		ADDRESS		
5. Was Deceased Ever in U. S. Armed Fo Yes, na arunknawn) (If yes, give war ar da	les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no	217-54-29 2 0	Lillian Hayden,	dght. abov	e		
18. 7 9 4 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION D	IRECTLY	v		ONSET AND DEATH		
LEADING TO DEATH		10 /				
(This does not mean the made of heart foilure, asthenia, etc. It mean						
injury or camplication which couse						
ANTECEDENT CAUSE						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)						
UNDERLYING CONDITION last.						
11						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	CONTRIBUTING ATED TO THE					
	IT.					
19A. DATE OF OPERATION 198. CO WAS PE	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes ar Na	IN CERTIFYING CAUS	IDINGS CONSIDERED		
a O		none	0/10/12	21.		
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street,	affice bldg., INJURY OCCUR?	(If in Baltimate	City, give exact lacation)		
BEATH (notify medical examine)	etc.)					
Q 21D. TIME (Manth) (Day) (Year		21 F. HOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.) While At Work At Work						
			237 0.	11-14 11		
22. I certify that (I) (this hospit	at) attended the deceased from	2 4-1				
that (I) (we) lost sow the decease	sed alive on	U 19.60 and the	ot in/(my) (out) opini	on deoth accurred on the		
and hour and from the couses st	oted obove. (I) (We) (did) (did not) view the body after death.				
23A. SIGNATURE	/		14	B. DATE SIGNED		
175, Oh	lifaux M.D.	Attending Med. Phys. Director	Staff Phys.	Sept 1.461		
23C. PHYSICIAN'S	A COUNTY IN	23D. ADDRESS	. 117 3.			
NAME (Type)						
Dr. A. S. Cha		OZIU IOTK ROAG				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or	CREMATORY 24D. L	OCATION (City,	, town, ar county) (State		
Burial 9/17/6	66 Meadowridge Men	morial Park Md				
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Schimunek Fund	Two T	ADDRESS		
SEP 19 1966	R. D. F. E. Farber H.	3331 Brohme L		IC •		

3331

Brehms Lane #13



approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital

deceased prior to

written

certificate must

100%	1-	36		
BIRTH	NO.	20	66	09393

In American Discassed If you or Paint Sept. 13 1966 Sept. 14 1966 Sept. 14 1966 Sept. 1	-6350	BALTIMORE CITY	HEALTH DEPARTMENT	CC 00000
1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH Sept., 13 166 8:31 166	00 00000	CERTIFICA	TE OF DEATH Registered No	00 03333
FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 5. SEK 6. RACE White 7. MARNIED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 10. BIRTHPLACE (Slote or foreign country) Upholsterer 13. FATHER'S NAME Leonard Jordan 15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 21. CAUSE OF DEATH 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. ASTATE deceased fived. Hi institution: residence before admiss at A. STATE B. COUNTY Imaryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locbHon) 21. ASTATE B. COUNTY Imaryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locbHon) 21. ASTATE B. COUNTY Imaryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locbHon) 21. ASTATE B. CAUSE OF BIRTH D. SACE (If rurol, give locbHon) 21. SACE (If rurol, give lochHon)	T, NAME OF DECEASED (Type or Print) Jordan, Co	onrad		6 8:31 P.M.
Married 12-2-1877 12-2-1877 13 14 15 15 15 15 15 15 15	FULL NAME OF Oddress or locotion in STITUTION FULL NAME OF Oddress or locotion oddress or locotion in STITUTION Baltimore City 4940 Eastern 1	institution, give street Y Hospitals Avenue	A. STATE B. COUNTY BRYLAND C. CITY OR TOWN (If outside city limits, write RUI Baltimore D. STREET ADDRESS (If rurol, give location)	RAL and give township)
done during most of working life, even if retired) Upholsterer 13. FATHERS NAME Leonard Jordan 14. MOTHERS MAIDEN NAME Charlotte Moore 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 21 9-30-4191 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart foilure, osthering, etc. It means the disease, injury or camplication which caused death) (A) Pheumonia (A) Pheumonia (A) Pheumonia (A) Pheumonia (A) Pheumonia (B) CAUSE OF DEATH (B) CAUSE OF DEATH (C) CAUSE OF				If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
13. FATHER'S NAME Leonard Jordan Charlotte Moore 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 21 3-30-4191 16. SOCIAL SECURITY NO. 21 3-30-4191 CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, osthering, etc. It means the disease, injury or camplication which caused death)	done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 18. CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, osthernia, etc. It means the disease, injury or camplication which caused death)	13. FATHER'S NAME			
ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death)	15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) staling the UNDERLYING CONDITION lost.	Olsease OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of distriction which caused distriction with the caused distriction which caused distriction with the caused distriction which caused distriction which caused distriction with the caused distriction which caused distriction with the cause	CTLY (ying, e.g., DUE TO Property of the disease, eoth.) (B) Br DUE TO	onchogenir Carcinova.	

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Genera	lized	ASC	UD
	Y1.		

CERTIFICATION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location)

(Doy) 21 D. TIME (Month) (Hour) (Year) OF INJURY

21E. INJURY OCCURRED While At Not While Work At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (4) (this hospital) attended the deceosed fram

that 🙌 (we) last saw the deceased alive an and haur ond fram the causes stated abave. (t) (We) (did) (did not) view the bady after death,

Med.

Director

and that in (my) (our) apinion death accurred an the date

Md.

23A. SIGNATURE

23 C. PHYSICIAN'S NAME (Type)

9/17/66

Attending Phys. 23D. ADDRESS Stoff

23 B. DATE SIGNED

inter 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE

4946 Eastern E 24C. NAME of CEMETERY OF CREMATORY

Parkwood Cemeterv

, Baltimore , Maryland 24D, LOCATION

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

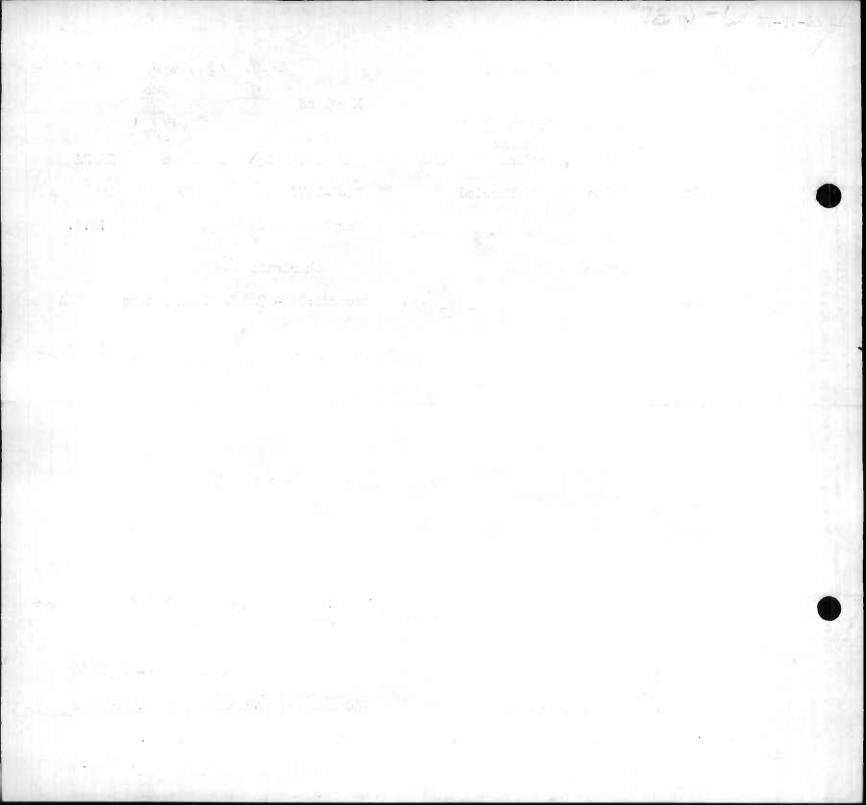
Baltimore, ADDRESS

VS 150-REV. 1/1/65

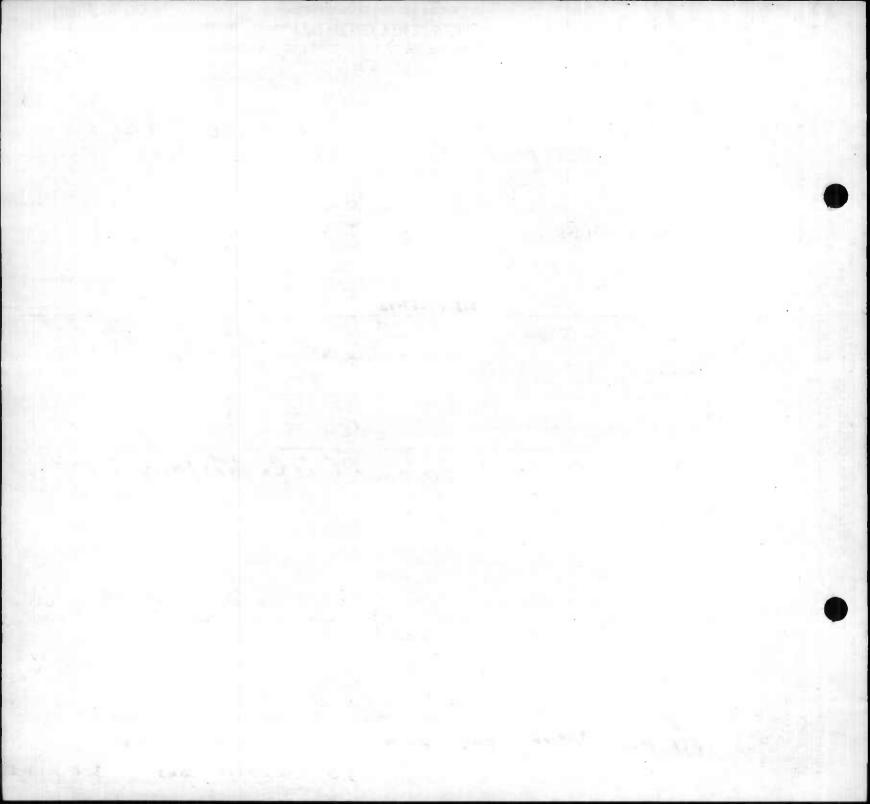
Burial

(APPROX.)

Schimunek Funeral Home, 3331 Brehms Lane



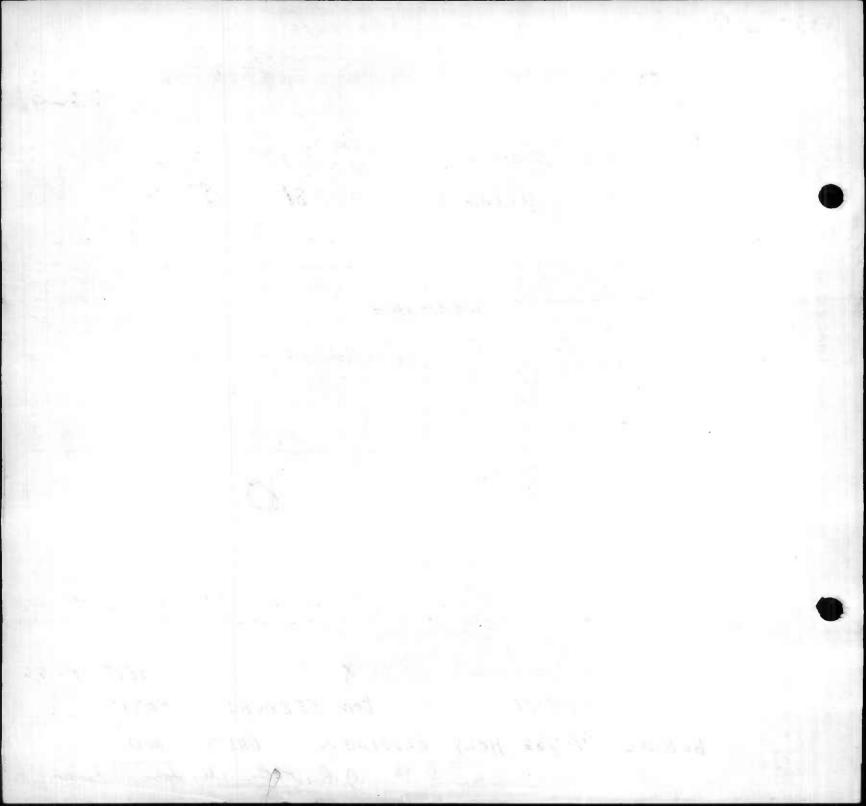
BIRT	H NO.	MED	DICAL EXA	AMINER'S CE	RTIFICATE	OF D	DEATH Register	red Na.66	09394
	CASE NO.			1					
(Typ	e ar Print)	UERIV	YETTE W.	MOORE	2.		mber 14, 19		8:40 A. M.
3. P	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	A. STATE	yland	deceased lived. If insti B. COU	tution: reside NTY	nce befare admission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTO	ON, GIVE STREET	C. CITY OR TOWN	(If outside	corporate limits, write	RURAL and	give township)
		901 Halcyon	Avenue		D. STREET ADDRESS		give (acation)		
5. S		6. RACE	7. MARRIED, NI	EVER AAARDIED	8. DATE OF BIRTH	1 натс	9. AGE (In years	If IInder 1	Yr. If Under 24 Hrs.
3	Female	White	DI VOR	ORCED (specify)	8-27-1	894	7273	Manths, D	ays, Hours, Min.
		working life, even if retired		ERS STORE		te or foreign	n country)	12. CITIZEN WHAT	COUNTRY?
	ATHERS NAM WILL WAS DECEASE , no or unknown WO		otes of service)	NER SOCIAL SECURITY NO. A 2/2-07-8845	14. MOTHER'S MAIL 1. INFORMANT MR. GRAC	TELL DEN	ESHIPL L. GREEN	E1/ ADDRESS 43/31	GLENMORE ANE
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. Il means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Hypertensive and arterioscleratic (B) DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
CERTIF	DISEASE O	DEATH BUT NOT I	NG IT.			20B. IF YES, WERE FIN IN CERTIFYING CAUS			
MEDICAL	UNDERLYING DEAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	home, etc.)	ACE OF INJURY (e.g., form, foctory, street, a	ffice bldg., INJURY O	CCUR?		ve exoct lac	ation)
-	OF INJURY (APPROX.)	(Month) (Day) (Ye		ILE AT NOT AT W	WHILE	DID INJU	RY OCCUR?		
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 14, 1966								
	BURIAL CRE	MATION, 23B. DATE	7-66 I	DRUID R	CREMATORY	23D. Le	BAL	town, or co	unty) (State)
244	DATE REC'D	BY HEALTH DEPT.	24B. NAME OF	REGISTRAR	24G. FUNERAL O. Sha	lter!	Conselin 3	7444	BELAIRRY.
VS	151-REV. 1/1	45P 19 1966	The Date	TO A PROPERTY OF	0 0				1



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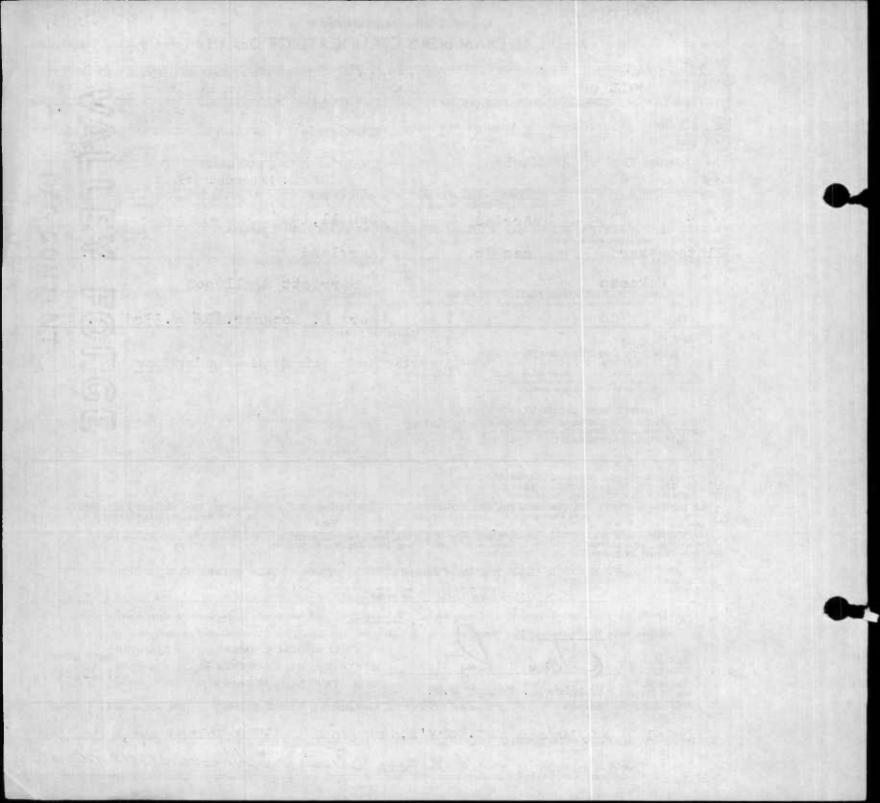
1.	9	BALTIMO	RE CITY HEALTH DEPARTMENT FIG. A TE OF DEATH Registered No. 66 U9396
20		th No. 6609396 CERTI	FICATE OF DEATH Registered No. 100 03330
Such	1, N	E CASE NO.	2. DATE AND HOUR OF DEATH
		pe or Print) Wade, HENRY	9-14-66 3:40 A.M.
‡	3. F	PLACE OF DEATH IN BARTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
to death.		FULL NAME OF (If not in hospital or institution, give street	Md. 20-01
		HOSPITAL OR oddress or locotion) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	3	11 11	D. STREET ADDRESS (If rural, give location)
prior e.	6	BON Secours Hospital	52 S. Fulton Ave,
deceased tion is mad	5. \$		
is is	103	LUSUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR II	
n the dec	don	e during most of working life, even if retired)	Mapuland What country?
Ssit	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
the	1	Made ANDROW	Dougherty, Sarah
		Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT / ADDRESS
final	ire:	s, no or unknown) (If yes, give wor or dotes of service) SECURITY N 2 18-03-	
attendance med or fina	_		AUSE OF DEATH INTERVAL BETWEEN
d o		DISEASE OR CONDITION DIRECTLY	Lutra craveal Hello- ONSET AND DEATH
me me		(A) (This does not mean the mode of dying, e.g., DU	Jula Maula Amar
bal		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	negu
regul		ANTECEDENT CAUSES (B)	E TO
in Is a		underlying Condition lost.	
air		II .	
ın was remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
sicia the r		DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	ON [20A. AUTOPSYTY (1 e.) No.) 20B. IF YES, WERE FINDINGS CONSIDERED
physician fore the re	ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U	OR CONTRIBUTING CAUSE OF home, form, foctory,	JRY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
No.	ICAL	DEATH (notify medical examiner) etc.)	
obtained	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
ta:		Work	At Work
9		22. I certify that (I) (this hospital) attended the deceased fr	om Stolew Bly 1/2 19 (0/2 to St) Lew Wy / 19 (0/2), well / 3 19 (0/2) and that in (my) (our) opinion death accurred on the date
h)			
death); must be o		and haur and from the causes stated above. (1) (We) (did) (d 23A. SIGNATURE	23B. DATE SIGNED
O E		1 12 1= //	A.D. Attending Med. Stoff Phys. SFPT 14-66
or t		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
pric		SAM BRAHIM	M.D. BON SECOURS HOSP
pe	244	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETE	RY of CREMATORY 24D. LOCATION (City, town, or county) (State)
fen			PEDEEMER BALTO, M.D.
deceased prior to written approval	25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ס ≶		SEP 19 1966 R. C. B. E. Janks	goling tomely tons, 200 marea

PEPEEMER BALT ADDRESS



1-256

	00 09397	BAL	TIMORE CITY HEAD	LTH DEPARTMEN	IT	00 09397
BIRTH NO.	MEDI	CAL EXA	MINER'S C	ERTIFICAT	TE OF DEATH Registe	ared No
M.E. CASE NO						
1. NAME OF E			Lock		2. DATE AND HOUR PRONOUNCE	
	WILLIAM	FRANK	LOCKI		September 15, 19	M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If ins	titution: residence before odmission)
FULL NAME O	F //F NOT IN HOSPITA	OF INSTITUTO	N CIVE STREET	Mar	yland	
HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	TION)	IN, GIVE SIKEEL	C. CITY OR TO	VN (If outside corporate limits, writ	e RURAL and give township)
				Ba1	timore	1-03
Joh	ns Hopkins Hos	pital		D. STREET ADD	RESS (If rurol, give location)	
33				202	O E. Monument Stre	et
5. SEX	6. RACE	7. MARRIED, NE		B. DATE OF BIRT	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED, DIVO	ORCED (specify)	Tan 33	4	Months Doys Hours Min.
	CUPATION (Give kind of work	Married	SINESS OR INDUSTR	Jan 11,	1905 61	12. CITIZEN OF
done during most	of working life, even if retired)		311233 GR 11120 GIN			WHAT COUNTRY?
Plate M	laker	Hoen Co		Marylan	ıd	U.S.
				14. MOTHER'S M	AIDEN NAME	
	Jnknown				ett Smallwood	
Yes, no or unkno	SED EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	no		?	Many T.	Lockner. 815 W	.33rd St.
11B.	1		CAUSE	OF DEATH	Doominor . dary, w	INTERVAL BETWEEN
RISE TO UNDERL	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST. II GIGNIFICANT CONDITIONS	CONTRIBUTING	(B)(C)			
E TO THE	E DEATH BUT NOT REI	ATED TO THE				
19A. DATE		DITION FOR WHI	CH OPERATION	20A. AUTOPSY	? (Yes or No) 208. IF YES, WERE FI	NDINGS CONSIDERED
0 2	WAS PER	FORMED		Yes	IN CERTIFYING CAU	
	NAL CAUSE WAS	218. PLA	CE OF INJURY (e.g.,		WHERE DID III in Boltimore City, g	
UTING C	GOR CONTRIB- AUSE OF DEATH.	home, fo	rm, foctory, street,	olfice bldg., INJURY	OCCUR?	
E 21 D TIME	(11.4.15) (5.1.19	(1)	NJURY OCCURRED	03.5.114	OW DID INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Yeor				OW DID INJURY OCCUR?	
(APPROX.)		m. WHIL	AT W	WHILE O		
22.	ertify that I held an I	aguiev 🗆 In	spection Au	enev V one	that an this basis, death In :	my aninion
			\cap			
res	sulted fram: Natural car	ses X Acci	den Suicid			er 🔛
ACTU	IAI O	11/	10		EDICAL EXAMINER	DATE SIGNED
	ATURE (he	eles) la	161 M.D	ASSISTANT M	EDICAL EXAMINER X	9/15/66
	(Type) Charles	S. Petty	, м.D.	ASSOCIATE M	EDICAL EXAMINER	3/13/00
23A. BURIAL C	REMATION, 238. DATE	23C. N	AME of CEMETERY	CREMATORY	23D. LOCATION (City	, town, or county) (State)
	2 0/20	11 9+	Manuela U	omndan	2000 D-7	1 Arra Doll- M3
24A. DATE REC	D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR ()	ADDRESS
			4 4 4	1 /1	time & Don more	N-3818 Poland Cur
	SED 19 108	林介力片	· E Stable	Lus	who p. Notwood	
VS 151-REV. 1/	/1/65		1 5	C 13 6	0 0	



66 09398 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR PRONOUNCED DEAD (Type or Print) MC CLEAM 3:45 p. 9/15/66 Emma McLean 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give location) South Baltimore General Hospital 304 Jack St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED S DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED(specify) female white 10A USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE 13 FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. B. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic and hypertensive cardio-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) vascular disease DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Boltimore City, give exact location) long, form, factory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Yeor) OF INJURY (APPROX.) MHILE AT NOT WHILE 22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinlan resulted fram: Natural causes X Accident Suiclde Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/16/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION,

23C. NAME OF CEMETERY OF CREMATORY

23 D. LOCATION

24C. FUNERAL DIRECTOR

(Stote)

(City, town, or county)

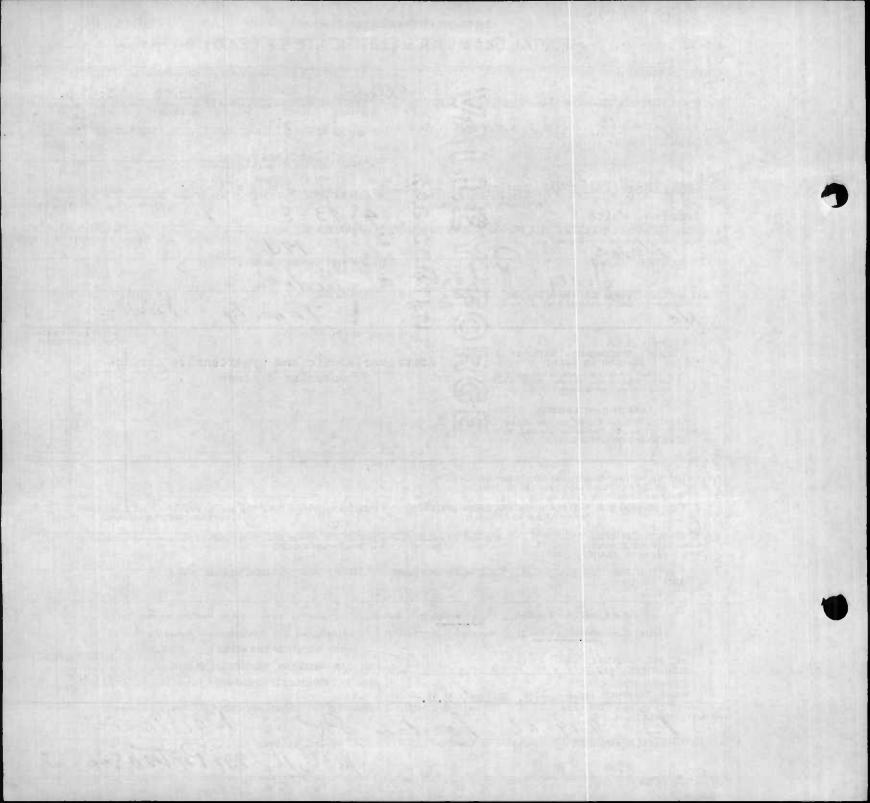
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specific

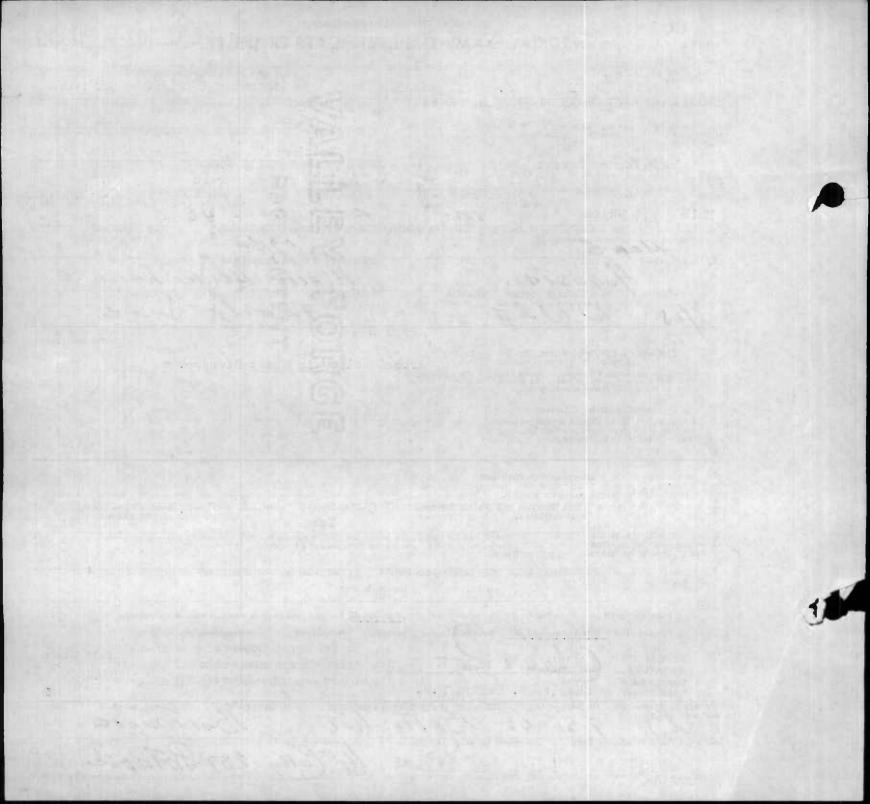
23B. DATE

66

24B, NAME OF REGISTRAR



R-30	BIR	66 ()9399 MEI		BALTIMORE CITY HEA			EATH Registe	ered Na. 66 1/9399	
	1	E CASE NO.					•			
	ίŤγ	pe or Print)	HARRY	J.	ROCHE			mber 15, 1		
	3.	PLACE IN BALT	MORE MARYLAND.		UNCED DEAD	4. USUAL RESID			fitution: residence before admissi	1. on)
	FU HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO			e RURAL and give lawnship)	1
	1	1800	Thames Stre	eet		D. STREET ADD	timore RESS (If rural,) O Thames			-
Life Company	5.	SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	II Under 1 Yr. If Under 24 H	=
	1	Male	White		DIVORCED (specify)	10-15	_	lost birthdoy	Manths Days Hours Mir	15.
	dor	ne during mast of w	IPATION (Give kind of w rorking life, even if retired	ork TOB. KIND O	F BUSINESS OR INDUSTI	RY II. BIRTHPLACE	(State or foreign		12. CITIZEN OF WHAT COUNTRY?	
	13.	FATHER'S NAM	Hugus	TUS.		14. MOTHER'S M		Neichea	hannee	-
			O EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT		- C)	ADDRESS	
		19. 42	E OR CONDITION	DIRECTLY	CAUS	E OF DEATH			INTERVAL BETWEEL ONSET AND DEAT	
			LEADING TO DEA at mean the made asthenio, etc. It mean application which couse	TH	(A) Arter	riosclerot	ic Heart	Disease.	•••••••	
		DISEASES O	NTECENDENT CAU OR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LAS	ANY, GIVING	(B) DUE TO					
	NO				(C)					
	FICATI	TO THE I	II SIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI	RELATED TO T	NG 'HE					
	L CERT		OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY Yes	111	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	_
	EDIC	UNDERLYING UTING CAUS	OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, sheet,	in or about 21C. V	HERE DID (IF	in Baltimore City, gi	ve exact lacation)	
VA	Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	V	WHILE AT NOT NOT	WHILE WORK	OW DID INJUR	Y OCCUR?		
		22. 1 certi	ify that I held an				d that on this	basis, death in n	ny apinian	
		result	ed fram: Natural c	auses X	Acciden Sulci		de 🗌 Un	determined mann	er 🗌	
		ACTUAL		20.1	1		EDICAL EXA		DATE SIGNED	
		SIGNATU EXAMINE NAME (T	ER'S	les S. Pe	etty, M.D.	ASSISTANT M			9/15/66	
		BURIAL CREAT	MATION, 23B DATE	0 - 6 6 23	C. NAME OF CEMETERY	OF CREMATORY	23D. LO	CATION (City,	Hown, or county) (Stote)	
	24 /	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	0	ADDRESS	
		S	EP 19 1966	R.C. S	E. FarberMA	140	ally -	237 Vn	Tapseo 23	
Marie Control of the	VS	151-REV. 1/1/6	5	1 0 1		0 0	1 1 1			-



1. NAME OF DECEASED			
(Type or Print) LUIGI	D'ALFON	September 14,	
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. (institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	LL OR INSTITUTION, GIVE STREET TON)	C. CITY OR TOWN (If outside corporate limits, and Baltimore	write RURAL and give township)
906 S. Ponca Stree	t	D. STREET ADDRESS (If rurol, give locotion) 906 S. Ponca Street	
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(Specify) Married	B. DATE OF BIRTH March 17-1895 9. AGE (In year) lost birthdoy) 71	ors If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor *Retired- 13. FATHERS NAME	Tailor Shop		12. CITIZEN OF WHAT COUNTRY? Italy
Camillo D'Alfonso		Maria Angela ?	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes NO 118.	215-01-8151		906 S.Ponca St
DISEASE OR CONDITION DIR	RECTLY	OF DEATH	ONSET AND DEATH
(This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused of	dying, e.g., XEXEXXX	t Pneumonia, Lung Abscess	and
ANTECENDENT CAUSE	NY, GIVING (B)		
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	(C)		••••••••••••••••••••••
DISEASES OR CONDITIONS, IF A	ATED TO THE Arterios	sclerotic Cardiovascular D:	isease.

UTING CAUSE OF DEATH.

21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK

22. I certify that I held on Inquiry Inspection Autopsy Suicide Homicide Undetermined monner

ACTUAL
SIGNATURE

Notural couses X

Accident Suicide Homicide Undetermined

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER X

Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER

23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stotel

Burial Sep.19/66 Cathedral Cemetery
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. PUR
SEP 19 1966 R. D. & E. Jahran 24C. PUR

tery Baltimore Md.

240 FUNERAL DIRECTOR ADDRESS

ADDRESS

ADDRESS

ADDRESS

ADDRESS

ADDRESS

ADDRESS

ADDRESS

DATE SIGNED

9/15/66

VS 151-REV. 1/1/65

REMOVAL (Specify)

EXAMINER'S

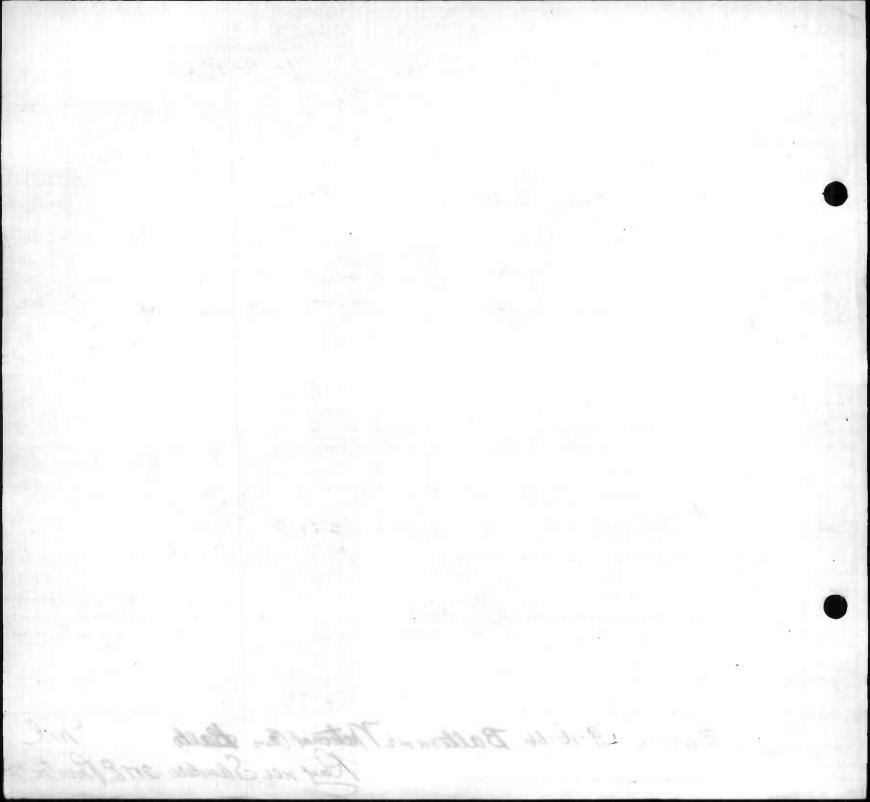
NAME (Type)
23A, BURIAL CREMATION,

SEED TA'S OUT OF allegate to the track of the control of the control of the control of AS MORE THE STATE OF THE STATE Low or Palle Wood 22 S. B. Wille.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

		00 00101	BALTIMORE CITY	HEALTH DEPARTMENT		00 00101
11	H NO. . CASE NO.	66 09401	CERTIFICA	TE OF DEATH	Registered No	66 09401
1, N	AME OF DECEASE	Hannut	Tellries	2. DATE AN	D- 1966	M
3. P	LACE OF DEATH	N BALTIMORE, MARYLAND	H	4. USUAL RESIDENCE (When		stitution: residence before admission)
H	ULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or institu addless at location)	tion, give street	C. CITY OF TOWN (IF OUT	side city limits, write R	RURAL and give township)
1	1	07	5	D. STREET ADDRESS (III	piol give location	
	How	ident Ho	spetal	4246	north	ave-
s. s	m 6. RA	0 711	RIED, NEVER MARRIED DWED, DIVORCED (specify)	12-13-1903	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATI		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole of lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. [FACHER'S NAME	U		14. MOTHER'S MAIDEN NAM	NE .	u.s. A
1	1),1100	m Jelly	i enl	a TRAIN		
	Was Deceased Ever	in U. S. Armel Forces es, give war of dates of serv	1 6. SOCIAL rice) SECURITY NO.	17. INFORMANT	0 -	ADDRESS
	410 U	Jan 11- 194	12	Better le	Sreed 4	200 North our
	18. 04,	41	CAUSE C	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIRECTLY	(1)	Kukemi	a j	3 coks
		neon the mode of dying, enio, etc. It means the dis-				
	injury or camplico	tion which coused deoth.)				
		CEDENT CAUSES	DUE TO		70	AQAAAQA
		ONDITIONS, if ony, grove cause (A) stating		***************************************		
	ONDERCTING CC	11				
ATION	TO THE DEATH	NT CONDITIONS CONTRIBUTE NOT RELATED TO DITION CAUSING IT.	UTING THE			
ERTIFIC,		RATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
0	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi		21 B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID lifice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDI	21 D. TIME (Mo	nth) (Doy) (Yeoi) (Houi)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	(APPROX)		While At Work Not Whi	le 🗌		,,
	22. I certify that	(I) (this haspital) attend	led the deceased from	9-25	1956 10 9	-12- 1966
	that (I) (we) lost	saw the deceased alive	on 9-12-	19 66 and the	at In (my) (quer) api	nion death accurred on the date
1 1		m the causes stated abay	ve. (I) (We) (did) (did not)	view the bady after death.		
	23A. SIGNATURE	iva O. A.	with M.D. AH	ending Med.	Stoff	9-13-66
	23 C. PHYSICIAN'S	may x. p.	Phy	23D. ADDRESS	Phys.	9-10
	NAME (Type)	Percival C. S	mith M.D.	1709 Gwynns	Falls Parkw	7.337
24A	BURIAL CREMATI	ON, 248, DATE 24	IC. NAME of CEMETERY OF CR			ldy ly, lown, or county) (State)
7	REMOVAL (Specif	9-16-66	Ballonick	Vational 18	Rall	ma
2SA	. DATE REC'D BY H	HEALTH DEPT. 258. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Ci	ADDRESS 4
	SED	19 1988 100	B- 8 Starberma	/ Cay nee	() andere	2176 / Keston &
VS 1	150-REV. 1/1765	70 1000		6		



was D.O.A.

eceased

written

Registered No. 66 09402

MRTH NO. 66 09402 M.E. CASE NO.	CERTIFICATE OF	DEATH
I, NAME OF DECEASED		2. DATI

E AND HOUR OF DEATH

	September	16.	1966	
	RESIDENCE (Where deceased	lived. If	institution: residence	before admission
A STATE	B. COUNTY			

FULL NAME OF HOSPITAL OR	(If not in hospital or institution, give street address or location)	Maryla
INSTITUTION		

(If outside city limits, write RURAL Baltimore

Bar- Wil- Ba Convalescent Home

Mary D. Brown

D. STREET ADDRESS (If rurol, give location) 2801 Rayner Ave

2101 W1 Cold Spring La 5. SEX 6. RACE MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

8. DATE OF BIRTH 9. AGE (In years lost birthdoy 2/28/82

14. MOTHER'S MAIDEN NAME

Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

Such

ПО

attendance

0

prior

M.

(Type or Print)

F.

cause of death

a hospital

WOMAN Richard Amos

xXXXXXXXXXX Victoria

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service)

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. SOCIAL SECURITY NO.

Records

17. INFORMANT

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY

(This does not mean the mode at dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last.

MAYteriosclerotic heart disease

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

CAUSE OF DEATH

NO (If in Boltimore City, give exact location)

DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY

(Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

(APPROX.)

CERTIFICATION

While At Not While At Work

22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on. and that in (my) (our) opinion death accurred on the date

and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type) Attending Phys. Director

23D. ADDRESS

Brooklyn.

23 B. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

Maryland

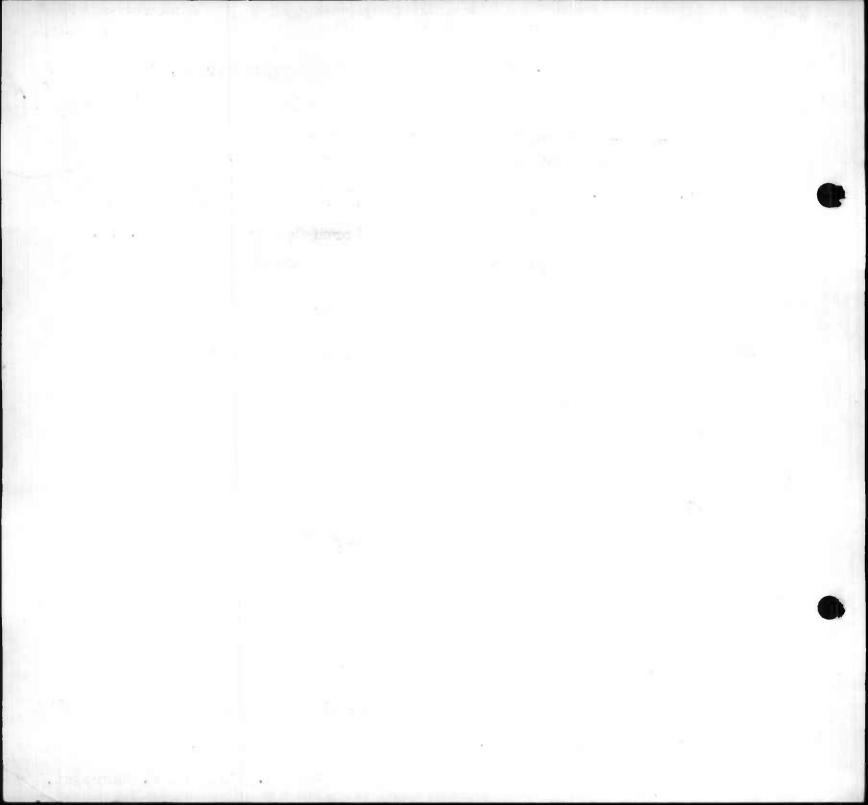
Burial 9/19/66 25A. DATE REC'D BY HEALTH DEPT.

66 Mt. Calvery

25C. FUNERAL DIRECTOR

ADDRESS

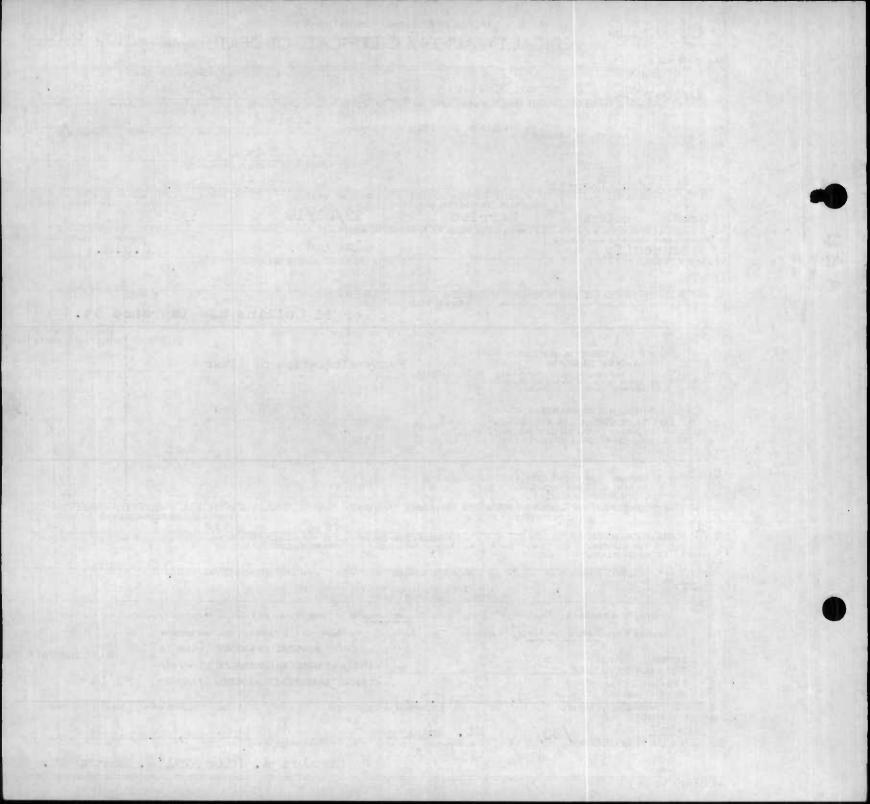
Charles A. Rice 661 W. Barre St



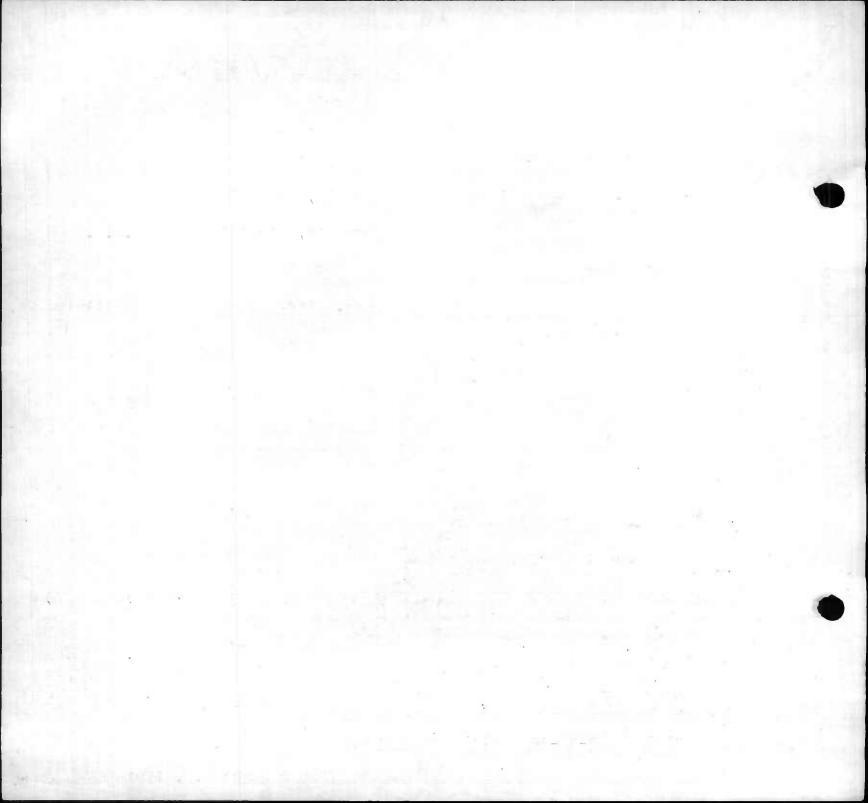
66	U	9	4	U	3
RIPTH NO					

BIRTH NO.	MEDI	CALE	KAMINER 5 C	EKTIFICATE	OF DEATH Registe	ered No.
M.E. CASE NO.						
Tuebe:	Roher	cta C	ollins	2. D	ATE AND HOUR PRONOUNC 9/16	
	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	(Where deceased lived, If instant)	hitution: residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA		UTION, GIVE STREET	9	If outside corporate limits, write	e RURAL and give lownship)
7				D. STREET ADDRESS	Baltimore (If rurol, give locotion)	
Provi	ident Hospita	-334			538 Laurens St.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
female	colored	Mar	ried (specify)	12/21/16	49	Months, Doys, Hours, Min
	UPATION (Give kind of work working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hous	ewife			Alabama		U.S.A.
3. FATHER'S NAM	ME			14. MOTHER'S MAIDER	NAME	
5. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or date		SECURITY NO.	Vergil Co	ollins 538 La	urense St.
1B.	10		CAUS	E OF DEATH		INTERVAL BETWEEN
-	SE OR CONDITION DI	DECTI V				ONSET AND DEATH
	LEADING TO DEATH		(A) Fa	tty alteration	on of liver	
heart failure	not meon the mode of e, osthenio, etc. It meons	the disease,	DUE TO	······································	>= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
injury or co	mplication which caused	deoth.)				
	ANTECENDENT CAUSE	S	(8)			
	OR CONDITIONS, IF A		DUE TO			· · · · · · · · · · · · · · · · · · ·
UNDERLYI	NG CONDITION LAST.	Allivo IIIE				
×			(C)			
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT RES	LATED TO				
DISEASE O	F OPERATION (198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	NDINGS CONSIDERED
02	WAS PER	FORMED		yes	IN CERTIFYING CAU	SES OF DEATH?
UNDERLYING	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY OC	DID (If in Boltimore City, gi	ive exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT	WHILE	ND INJURY OCCUR?	
22.				VORK		
l cer	tify that I held on I				t on this bosis, deoth In r	
resu	Ited from: Natural con	uses X	Accident Suici			er
ACTUA	11/1801	11/2	5 +/-		AL EXAMINER	DATE SIGNED
SIGNAT		911-	500C_M.E	ASSISTANT MEDIC	AL EXAMINER X	
EXAMII NAME (- \	er U. S	pitz. M.D.	ASSOCIATE MEDIC	CAL EXAMINER	9/16/66
BA. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (State)
Burial		0/66	Mt. Auburr		Baltimone	Manuland
	BY HEALTH DEPT.		OF-REGISTRAR	24C. FUNERAL DI	Baltimore,	ADDRESS
SFI	P 19 1966 R	But E	, farkey MA	Charle	s A. Rice 661	W. Barre St.

V\$ 151-REV. 1/1/65



VS 150-REV. 1/1/65

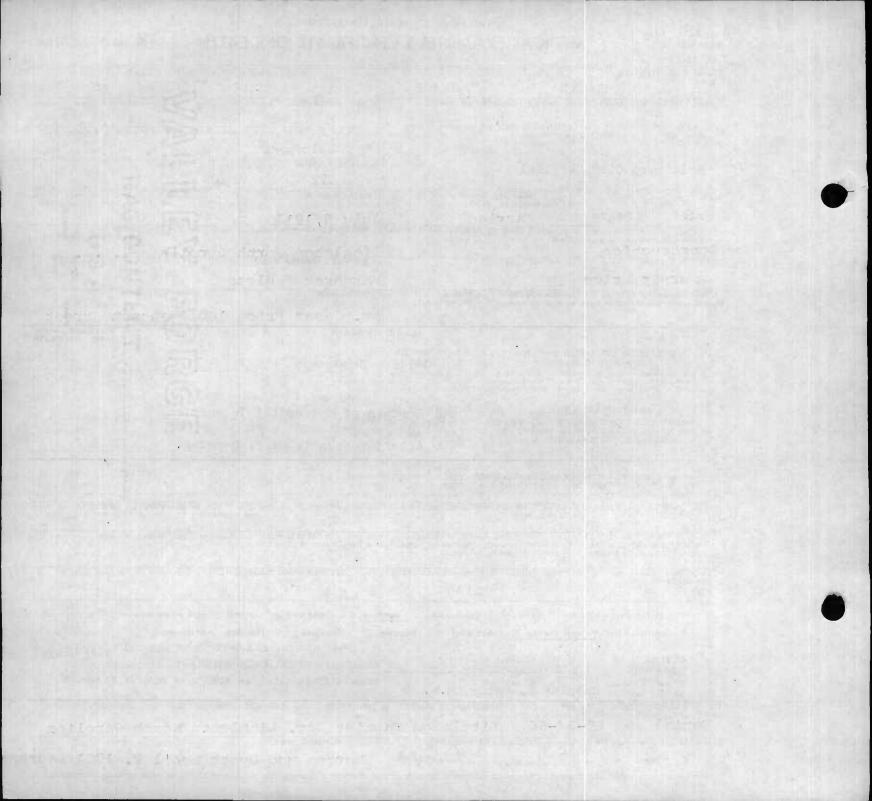


66 09405

BALLIMOI	SE CITY HI	EALIH	DEPARIM

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 0940
--

JOSEPH Soptember 17, 1966 9:00 P	ype or Print)	EASED				2. DATE AN	D HOUR PRONOUNCED DE	AD
DISTRICTION Baltimore City Hospitals SEX BALE CITY OF TOWN I III outside componite limits, withe RURAL and give township) Baltimore D. STREET ADDRESS III rord, give locoffont 2722 Lodge Faty Road 2722 Lodge Faty Road A USUAL OCCUPATION (give hospital) Months popy: House, and a Month popy: House in the popy in House in the popy in House in Annual of Months popy: House in Months popy: House, and downshing life, even if reited of Months popy: House in Months popy: House i				PRICE				
LI NAME OF ADDRESS OR LOCATION) Baltimore City Hospitals Example of April on Hospital Service of Marriad Distance City Hospitals Example of April on Hospital Service of Marriad Distance City Hospitals Example of April on Hospital Service of Marriad Distance City Hospitals Example of Marriad Distance of Marriad Distance City Hospitals Example of Marriad Distance of Distance of Marriad Distance City Hospitals Example of Marriad Distance of Distance of Marriad Distance City Hospitals Distance Condition Causes	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUP	NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If institution:	
Baltimore City Hospitals D. STREET ADDRESS: (Il rwid), give location Manie Negro Months 100 Months	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	TON, GIVE STREET	Mar	yland		1701115
Baltimore City Hospitals D. STREET ADDRESS III Auril, give location 2722 Lodge Fary, Road Recomposed with Months 100 per 100	SPITAL OR	ADDRESS OR LOCA	(TION)				e corporate limits, write KUKA	AL and give township)
ANTECNOENT CAUSES ANTECNOENT CAUSES ANTECNOENT CONTRIBUTING In other contribution of the cause (c. in means the disease). C. Arteriosclerotic Heart Disease. C. Arteriosclerotic Heart D	D-1+4		1 .				nive location)	0300
Male Negro	Baltimo	re City Hospi	Ltais					
Male Negro Mistal occurationings ship of words of the country of	SEX	6. RACE					9. AGE (In years If U	Inder 1 Yr. If Under 24 H
Carrier Country Carrier Country Carrier Country Carrier Carr	Male	Negro			July 5.	1913		Doy's Troors
CAUSE OF DEATH ONSET DISCASS OF CONDITION DIRECTLY LITTLE ADDING TO DEATH DISCASS OF CONDITION DIRECTLY CITING ON THE ADDING TO DEATH ONSER AND DISCASS OF CONDITION DIRECTLY CITING ON THE ADDING ON DEATH ONSER AND DISCASS OF CONDITION DIRECTLY CITING ON THE ADDING ON DEATH ONSER AND DISCASS OF CONDITION DIRECTLY CITING ON THE ADDING ON DEATH ONSER AND DISCASS OF CONDITIONS ON THE BUT NO. ANTECENDENT CAUSES DISCASS OF CONDITION S. IF ANY, GIVING REST TO THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION TO WHICH OPERATION YES OF INJURY ON THE ADDING CAUSES OF DEATH. DISCASS OF CONDITION CAUSING IT. 1914. DATE OF OPERATION TO THE CAUSE OF THE OWN THE					Y 11. BIRTHPLACE	State or foreig	n country) 12. (OHAT COUNTRY?
Turner Price WAS DICCASED EVER IN U.S. ARMED FORCES? In no orwinnown fill yes, give wor or doles of service) B. J. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not moon, the mode of dying, e.g., head follow, ostemic), etc., schemic, etc., timury or complication which coused death.) DISEASE OR CONDITION, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STATING THE UNDERTING CONDITION LAST. (C). Arteriosclerotic Heart Disease. II OTHER SIGNIFICANT CONDITION SCONTIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 10. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 10 CENTIFICATION CAUSIS OF DEATH? Yes UNDERLYNOCIO CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 210. ATTERNAL CAUSE WAS CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 10 CENTIFICATION CAUSIS OF DEATH? Yes UNDERLYNOCIO CONTRIBUTIONS C	onstruc	ction		The second	Littlet	on Nor	th Carolina	
WAS DECEASED EVER IN U.S. ARMED FORCES? 18. TO OF UNKNOWN, III yes, give wor or doles of service) 19. TO OF UNKNOWN, III yes, give wor or doles of service) 10. SACE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or example of the mode of giving e.g., ling or complication of the mode of giving e.g., ling or example of giving e.g., ling or example of giving e.g., ling or					14. MOTHER'S M	AIDEN NAM		
SECURITY NO. SECURITY NO. SECURITY NO. Mr. James Price 140 Chestnut Stree			EODCES?	I SOCIAL	ud.	t Faul		ADEC
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This dees not meno, the mode of dying, e.g., bent foliw, estheric, etc., if it means the disease, injury or complication which coused death.) ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 13A. DATE OF OPERATION 15B. CONDITION OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH. 21D. TIME 15B. CONDITION CAUSING IT. 21D. TIME 15B. CONDITION CONTRIBUTION COURSED 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 15B. DIBLAC KORDING. 15B. DIBLAC KO								
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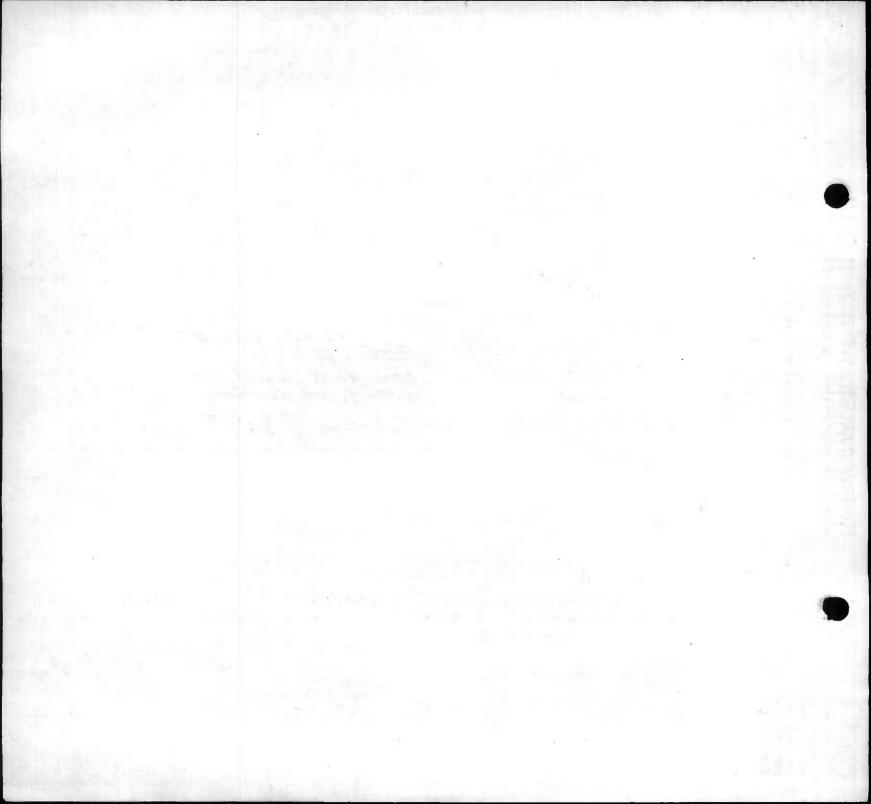
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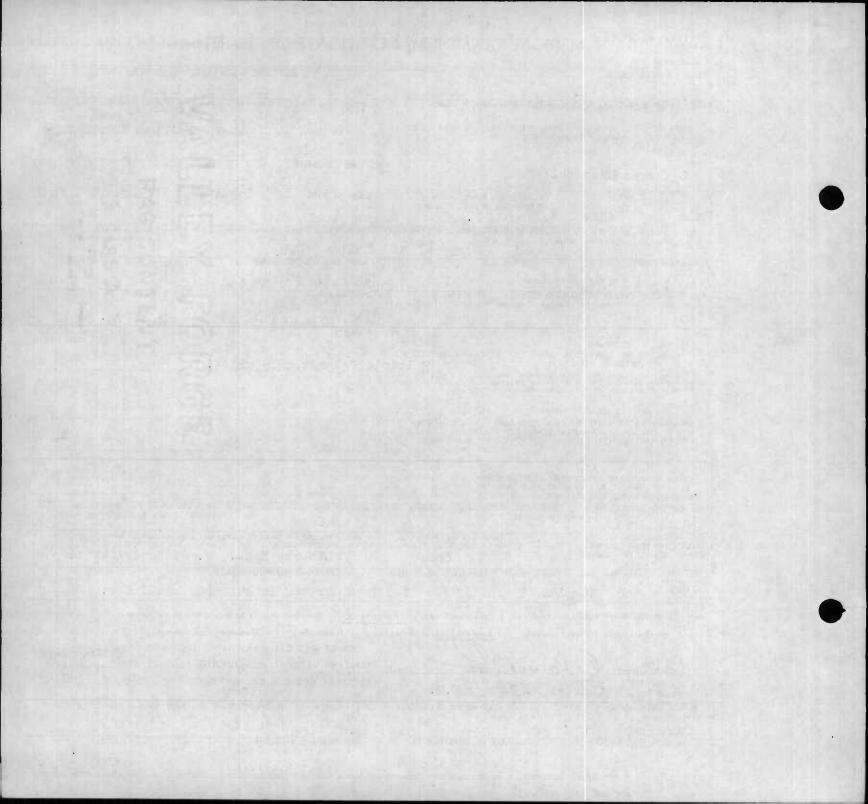
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66 09406 BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND, HOUR OF DEATH (Type or Print) KEUIN 115 66 0945 RNELL 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B, COUNTY BALTIMORE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN ()f outside city limits, write RURAL and give township) INSTITUTION HOSPITAL BALTIMORE (If rurol, give location) D. STREET ADDRESS BALTIMORE Md. BRICE • Ö 7. MARRIED, (NEVER MARRIED) 9. AGE (In years If Under 1 Yr. Months: Doys)f Under 24 Hrs. 5. SEX 6. RACE mac Hours WIDOWED, DIVORCED (specify) lost birthdoy) 4 10A, USUAL OCCUPATION (Five kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIE RNELL 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, as)henia, etc. 1) means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION las). the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION before ally 21A. ACCIDENT WAS UNDERLYING 21B. PLACE/OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Soltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) atc.) MEDIC. obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram. 19 pe that (1)((we)) lost sow the deceased alive on... ond that in (my) (our) apinion death occurred an the date and haur ond from the couses stoted obove. (1)((We))((did))(did not) view the bady ofter death. must 23A, SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Director Phys. Stoff approval 23 D. ADDRESS 236. PHYSICIAN'S BRA, Welt Rd 7469 FURNACE NAME (Type) 11ESENGA SIDNEY ILSON BURWIE GLEN 24D. LOCATION 24A. BURIAL CREMATION, 124B. DATE 24C-NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) -6 ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



BALTIMORE	CITY	LICALTIL	DEDA	DTAMENIT

A.E. CASE NO. . NAME OF DECEASED				12 DATE AN	D HOUR PRONOUNC	FD DFAD		=
Type or Print) PAUL		ROOKS			ember 14, 19		3:20 P	
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OSPITAL OR ADDRESS OR LOC.	TAL OR INSTITU ATION)	UTION, GIVE STREET			te corporate limits, writ	e RURAL of	nd give towns	0
ISTITUTION				Baltimore	2			
Lutheran Hospital			D. STREET A	DDRESS (If rurol	, give location)			
					erty Heights			
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Male Negro		ried		22, 194	3 23	1		
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FATHER'S NAME	4		0	MAIDEN NAM				
WAS DECEASED EVER IN U.S. ARME	D FORCES?	16, SO CIAL	17. INFORMAL		schburg	ADDRESS		
es, no or unknown) (If yes, give wor or dot		SECURITY NO.	100	1)	2 2			
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1B. / 5;		CAUSE	OF DEATH				ONSET AND DE	
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DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSIN 198. CON WAS PER CONDITIONS OF CONTRIBUTIONS OF CAUSE OF DEATH. 21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTIONS OF CONTRIBUTIONS OF CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year (APPROX.) 9 14 6 22. I certify that I held an resulted fram: Natural cause of CACTUAL SIGNATURE	S CONTRIBUTING THE S CONTRIBUTING THE ELATED TO T G IT. NOTITION FOR TREATMENT TO THE STATE THE	COLUMNICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of Street PLE, INJURY OCCURRED WHILE AT NOT AT WORK Inspection Aut Acciden Suicide M.D.	in or obout 216 ffice bldg. INJ 21F WHILE X D tapsy X e Han CHIEF	Yes . WHERE DID URY OCCUR? iberty H; . How DID INJ river in and that on the	CIT in Boltimore City, gots., W. of URY OCCUR? auto-bus could be bus	SES OF DE ive exoct lo Burle: 011isic	or . DATE SIGNE	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CONWAS PEUTING CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year Operation) 14 16 22. I certify that I held an resulted fram: Natural cause of Cause of Cause Of Natural Cause of Cause Of Natural Cause	SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING SCONTRIBUTION SCONTRIBUTING SCONTRIBUTING SCONTRIBUTING SCONTRIBUTING SCON	COLUMNICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of Street PLE, INJURY OCCURRED WHILE AT NOT AT WORK Inspection Aut Acciden Suicide M.D.	in or obout 216 ffice bldg. INJ 21F WHILE X D tapsy X Han CHIEF ASSISTANT ASSOCIATI	Yes . WHERE DID URY OCCUR? iberty H; . How DID INJ river in and that on the micide MEDICAL E MEDICAL E	CIT in Boltimore City, gots., W. of URY OCCUR? auto-bus could be bus	SES OF DE ive exoct lo Burle: 011isic	on. DATE SIGNE 9/15/66	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO) WAS PE 21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year Contribution of Cause of Death. 21D TIME (Month) (Doy) (Year Contribution of Cause of C	SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING SCONTRIBUTION SCONTRIBUTING SCONTRIBUTING SCONTRIBUTING SCONTRIBUTING SCON	PLACE OF INJURY (e.g., form, foctory, street) PLE. INJURY OCCURRED WHILE AT NOT AT W Inspection Aut Acciden X Suicidenty, M.D.	in or obout 210 office bldg. INJ L vork vork CHIEF ASSISTANT ASSOCIATION CREMATORY	Yes . WHERE DID URY OCCUR? iberty H . How DID INJ river in and that on the sicide MEDICAL E MEDICAL E	CIT in Boltimore City, gots., W. of URY OCCUR? auto-bus could be bus	ses OF DE ive exact la Burle: Ollisia my apiniar er	on. DATE SIGNE 9/15/66	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. COLUMN CONTRIBUTION CAUSE WAS UNDERLYING FOR CONTRIBUTION CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year OF INJURY (APPROX.) 9 14 6 6 7 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING THE SCONTRIBUTING SCON	PLACE OF INJURY (e.g., form, foctory, street) PLE. INJURY OCCURRED WHILE AT NOT AT W Inspection Aut Acciden X Suicidenty, M.D.	in or obout 210 office bldg. INJ L 21F WHILE X D Tapsy X e Han CHIEF ASSISTANT ASSOCIATION OF CREMATORY	Yes . WHERE DID URY OCCUR? iberty H; . How DID INJ river in and that on the micide MEDICAL E MEDICAL E	CITY OCCUR? AUTO-bus CO AMINER XAMINER COCATION (City COCATION (City (City (City (City (City (City	SES OF DE ive exoct lo Burle: Ollisiony apinianer	on. DATE SIGNE 9/15/66	
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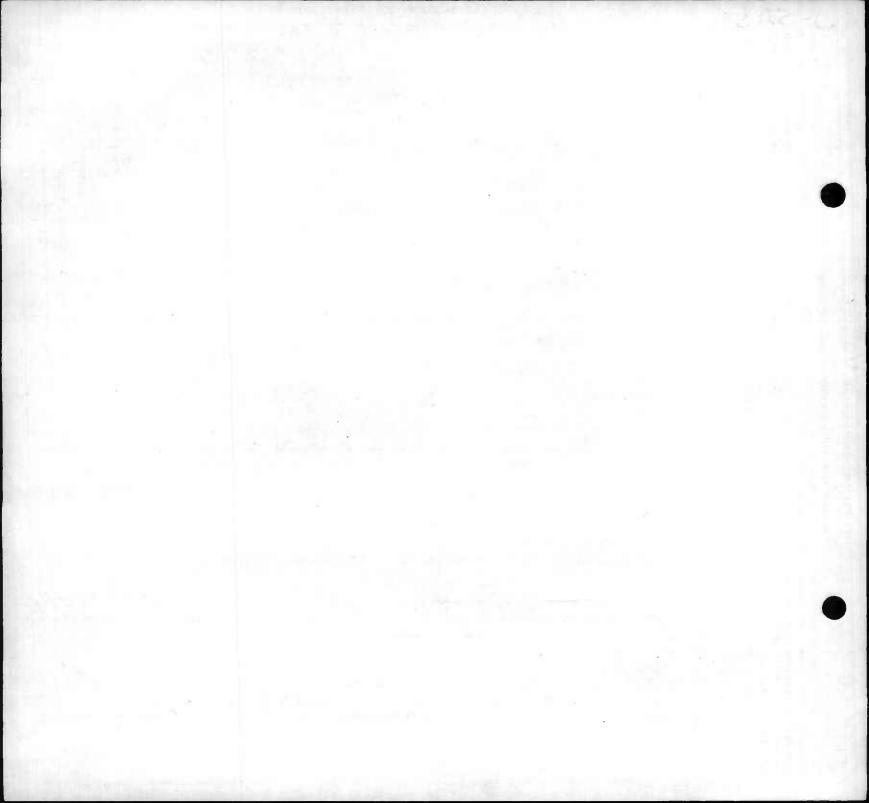
VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 09408	CERTIFICAT	TE OF DEATH	Registered No.	i6 U9408
1. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	
(Type or Print)	MATTHEWS	7 A.	m 9/16/6	61
WILLIAM HENRY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND				tion: residence before admission)
		MD.	BALT	111 20
FULL NAME OF (If not in hespitel er institutier HOSPITAL OR eddress er lecetien)		C. CITY OR TOWN (If outs		17-05
INSTITUTION			ide city limits, write KUK	AL and give (whiship)
CUNIV. HOSP.		BALT. D. STREET ADDRESS (If ru	ırol, give lecotion)	
VICTO. AUST.				1.15 2.2.3
V				AUE 21217
AA WIDOW	D, NEVER MARRIED (ED, DIVORCED (specify)	1/-4-3/	AGE (In years If M	Under 1 Yr. If Under 24 Hrs onths Deys Hours Min.
10A. USUAL OCCUPATION (Give kind of werk 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fereig	n country) 1:	2, CITIZEN OF
done during mest of working lile, even if retired)	_	MD.		WHAT COUNTRY?
UNEMP.				USA
3. FATHERS NAME		14. MOTHERS MAIDEN NAM		
WILLIAM MATTA	HEWS	EMMA H	IOPKINS	
15. Was Decoesed Ever in U. S. Armed Ferres?	1 6. SOCIAL 1	17. INFORMANT		ADDRESS
(Yes, ne er unknewn) (If yes, give wer or dotes of service		n G. h.	41	6 m. al
155	21826 7875	11/5/Chrong 1/4	Thews 4	13 Plance of
1B. 3 8/1/1	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	a.			
LEADING TO DEATH	(A) PU	ILM. HEMORI	RNAGE	2 HRS
(This does not meen the mode of dying, e.g. heart foilure, asthenia, etc. It means the disease	g., DUE TO	ROMECTTOPENI	A	
injury or complication which caused death.)	11.1			CENTROL MAIS
ANTECEDENT CAUSES	5116 EG	PAFIBRINGEN.	********	SEVERAL MUS
DISEASES OR CONDITIONS, if eny, givin	1./>	YPERSPLENIS.	m 2°	(4 YRS)
rise to the obove couse (A) stoting the	1e (C) Pol	CTAL HYPERT	-ENSION 2	SEVERAL YRS
UNDERLYING CONDITION lost.	AL	COHOLIC CIRR	HUSIS	(MANY YRS,
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION CAUSING IT.		100		
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes er No)	IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in eme, lerm, foctory, street, effi	er obout 21 C. WHERE DID	(If in Boltimore Cit	ty, give exect lecetien)
	tc.)			
O 21D. TIME (Menth) (Dey) (Yeer) (Heur) 2	1E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	While At Not While			
	Work Al Werk			
22. I certify that (this hospital) attended	the deceased from 8	7/66 19	10 9/1	6/66 19
that (I) (we) lost sow the deceased alive on	9/16/66	19ond tho	t in (my) (our) opinior	death occurred on the da
and hour and from the couses stated above.	A 1		9	
23A. SIGNATURE	Os (ne) (pla) (dia hai) vi	ew the body offer deoffi.	1221	B, DATE SIGNED
11-1 1 1/1000	A M.D. Atten	nding Med. S	Steff 🔽	1 1 .
A Lauder / Cracy	Phys.	Director P	hy s.	9/16/66
23C. PHYSICIAN'S NAME (Type)	23	3D. ADDRESS		
	M.D.	UNIV.	HOSP.	
	NAME et CEMETERY et CREA	MATORY 24D. LO	CATION (City. to	own, er county) (State)
TREMOVAL (Specify)	14 11/1	11/101		n.d.
Burial 7-17-66 D	elto, luctional	Lemetery Dul	70.	1701
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME	E OF REGISTRAR	25C. FUNERAL DIRECTOR	11011	ADDRESS
SEP 19 1966 OLLENS	S, Jansey 14	Martane Duc	1111	1701 LAURENS

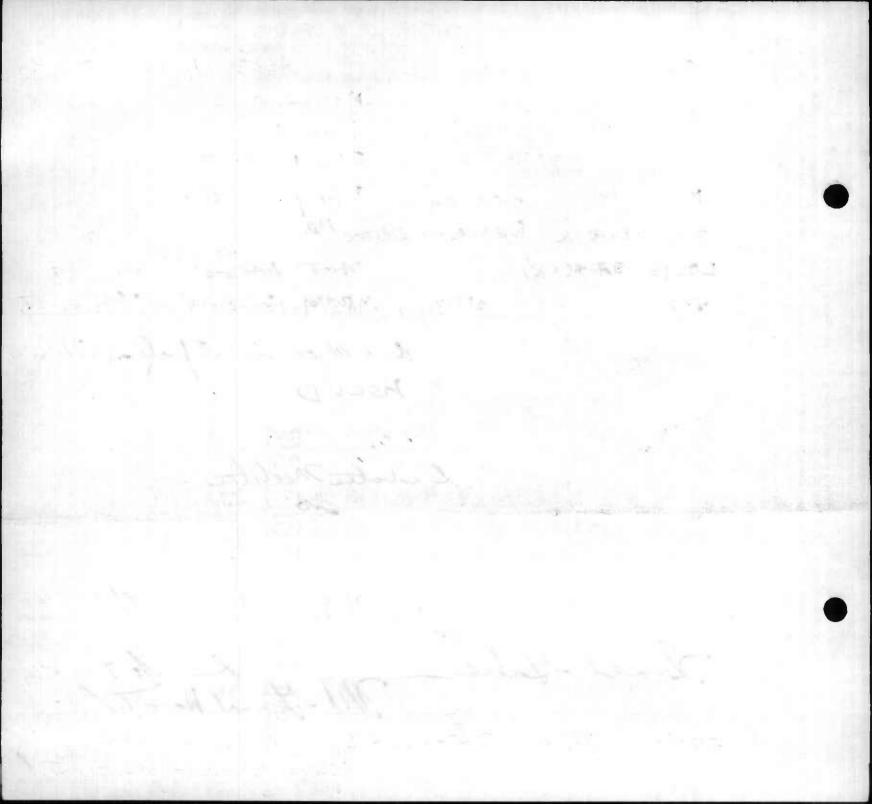
25C. FUNERAL DIRECTOR ADDRESS

decouplings and the 9204 4000

	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 66 09409 CERTIFICATE OF DEATH Registered No. 68 09409						
I. NAME OF OECEASEO	2. DATE AND HOUR OF DEAT	н				
(Type or Print) ALFRED	JENKINS	SEPT 15.	19661 12:30 PM			
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission)			
FULL NAME OF (If not in hospital or in	stitution, give street	MARYLAND	14-03			
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II outside city limits, writ	e RURAL and give township)			
UNIVERSITY HO	ISP LTAT	O. STREET ADDRESS (If rurol, give location)				
BALTO.	MD	507 ROBERT S	ST 17			
	MARRIED, NEVER MARRIED MIDOWED, DIVORCEO (specify)	B. OATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Oays Hours Min.			
MALE NEGRO	W	11-28-10 55				
toA, USUAL OCCUPATION (Give kind of work 10 B. done during most of working life, even if retired)	KINO OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?			
forter		MARYCAND	USH			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
1559C Jenkins		Lessie Bowman	3000 RosaLind			
15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no ar unknown) (III yes, give war ar dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No	215-05-6479	Alfred Jenkins, Jr.				
18. 355 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OF CONDITION DIRECT		Parlingenia	DAVE			
(This does not mean the mode of dy		7/0001003/0-A				
heart failure, asthenia, etc. It means the injury or complication which coused dec	DAVIC					
ANTECEDENT CAUSES	(B)	7,50 (2000)				
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sto		repuil Mnoding secondo	1 024			
UNDERLYING CONDITION IOSI.	(C)	to Seinine				
, II		O,				
OTHER SIGNIFICANT CONDITIONS CONTO	TRIBUTING TO THE					
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED			
WAS PERFORM	AED	IN CERTIFYING C	CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID (If in Baltim office bldg., INJURY OCCUR?	ore City, give exact location)			
Q 21D. TIME (Month) (Day) (Year) (H	our 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX)	While At Not Wh					
22. I certify that (I) (this be exite!) at	tended the deceased fram	9-2 1966 ta	9-15 1966			
that (1) last saw the deceased a	ive an 9-1	5 19 66 and that in (my) (24)	plnian death accurred an the date			
and haur and from the causes stated	abave (1) (We) (did) (did not)					
23A. SIGNATURE	Pare		23B. DATE SIGNED			
1 Cillians	Tall M.O. At	tending Med. Stoff	9-15-66			
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS				
WILLIAM R.	LAW M.D		AC			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)			
Buri41 9-19-66		Cenetera A.A.Co.	md.			
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	AODRESS			
SEP 19 1966 (2.17.	of E. Starbey PM	Morton & Dyell F. H.	1701 Laurens St.			
VS 150-REV. 1/1/65		0 0 1 1				

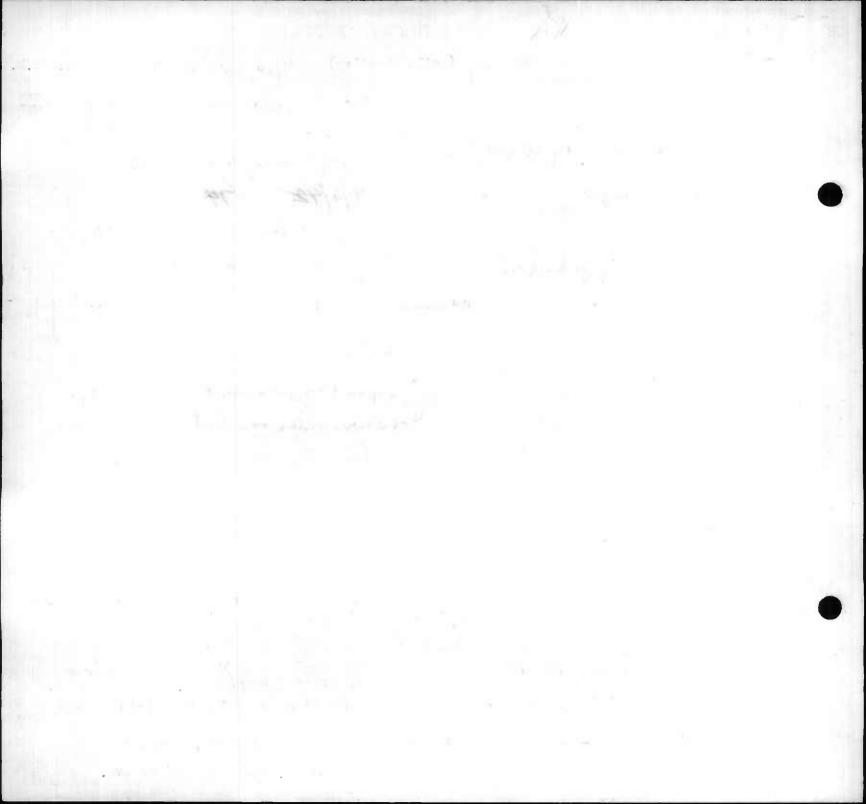


		BALTIMORE CITY	HEALTH DEPARTMENT		00 00440
NI I	TH NO. 66 09410	CERTIFICA	TE OF DEATH	Registered Na	66 09410
1. N (Typ	IAME OF DECEASED PO SAMES F. SARNEC PLACE OF DEATH IN BALTIMORE MAWLAND	KI	2. DATE AN SEP 14. USUAL RESIDENCE (Where	T, 16,	1966 7:30 P.
	FULL NAME OF (If not in hospital or institution oddress or localism)	tion, give street	MARYLAND	TY)	RURAL ond give township)
2		ERAL	BALTO	rurol, give location)	KORAL ond give township
10		ITAL	2414 FLEE	T ST.	
5. 5	SEX 6. RACE 7. MAR WID	RIED, NEVER MARRIED DWED, DIVORCED (specify) ARRIED OF RUSHIES OF INDUSTRY	4/21/10	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
don	e during most of working life, even if retired)	ESTERN ELE	CTRIC MD,		12. CITIZEN OF WHAT COUNTRY?
1	-OUIS SARNECKÍ		14. MOTHER'S MAIDEN NAM	"PAULINE	E DRANKA
	Was Deceased Ever in U. S. Armed Forces? s,ng or,unknown) (If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 213036309	MRS MARIE	SARNECKI-	2414 FLEET ST
	DISEASE OR CONDITION DIRECTLY	CAUSE O	To Ma	1.021.	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. ft means the disc injury or complication which caused death.)	ease,	SCVD	se viga	Co Charles I Charles
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating	DUE TO			
	UNDERLYING CONDITION last.	(6)	**************************************		an de alministration of the state of the sta
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING Deal	eter melle	lu.	
ERTIFIC,		FOR WHICH OPERATION	20A. AUTOPSY IYes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact tocotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At	21 F. HOW DID INJU	JRY OCCUR?	,
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	911/		9 66ta	nion death occurred an the dat
	and haur and fram the causes stated obay	1		SIOH &	23B. DATE SIGNED
	28C. PHYSICIAM'S NAME (Type)	Phy	23D. ADDRESS	Phy s	Jest 16, 1966.
24A B	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9/2//66	ST. STANISL	AUS BA	OCATION (CI	ity, town, or county) (State)
25A		ME OF REGISTRAN	GEORGE A	WEBER-	705 S. ANN ST.
VS	150-REV. 1/1/65		1 4		



3	40		B/	ALTIMORE CITY I	HEALTH DEPARTM	ENT		00 00414
	THE NO.	09411	C	ERTIFICA1	E OF DEA	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	66 09411
	AME OF DECEAS	helia (Theatley (Leila Whe	atley)	TIGGO	CAM	6:00P
3. 1	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND			E (Where deced	sed lived. If institu	ution: residence before admissio
1, 1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital address or location	or institution, give stree		C, CITY OR TOWN	Saltun (If outside cit		AL ond give township)
4	Paltun 940 EASTEI	one City	Hospitals ALTIMORE, MA		D. STREET ADDRESS	hilles A	ve locotion)	215
fe	male	necro.	7. MARRIED, NEVER / WIDOWED DIVOR	CED (specify)	4 6 92	lost bir	(In years If	Under 1 Yr. If Under 24 H. Canths Doys Hours Min.
don	USUAL OCCUPA during most of work		10B, KIND OF BUSINES	S OR INDUSTRY 1	1. BIRTHPUACE (Store MARYL)	AND Whom) - 1	2. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	(WESLEY JOHN	OHNSON)		4. MOTHER'S MAIS	ARA GATE	WOOD)	
(Ye	Was Deceased Eve s,no or unknown) (If	yes, give wor or date:	s of service) SEC	UBITY NO.			CITY HOS	PITATOPRESS BALTO., MD.#24
		I OR CONDITION DIR ADING TO DEATH	ECTLY	CAUSE OF	DEATH			INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES (B) DUE TO AS FURCIAL PROBLEM OF TO A STATEMENT OF THE PROBLEM OF TH					Stays		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last.					dyears		
ATION	TO THE DEAT	II ANT CONDITIONS C TH BUT NOT RELA	TED TO THE					
CERTIFICATION	19A. DATE OF OP	ERATION 198. CON	DITION FOR WHICH C	PERATION	YES		IF YES, WERE FINIERTIFYING CAUSE	DINGS CONSIDERED
CAL	OR CONTRIBITING CAUSE OF					(If in Boltimore Ci	ity, give exact location)	
MEDI	(APPROX.)	onth) (Doy) (Year)	(Hour) 21E. INJURY While At Work	Not While At Work		DID INJURY O		
	22. I certify that (I) (this hospital) attended the deceased fram Avg 19 66 to Sept 16 19 66 that (I) (we) lost saw the deceased alive an Sept 16 19 66 and that in (my (our) apinian death accurred on the day							
		am the couses stat	ed above. (I) (We)	did) (did nat) vi	ew the body after	death.		
	23A. SIGNATURE M.D. Attending Med, Director Phys. 236					9/16/66		
	23C. PHYSICIAN'S NAME (Type)	BRUCIE	M. Dow	M.D.	Bally	O EASTER	ty Hospi	fals #21224
١.	REMOVAL (Spec			thedral	MATORY	Baltim	ore. Mary	town, or county) (State)
25 <i>A</i>	SEP	19 1966 (I	25B. NAME OF REGIST		Charles	RECTOR	802 Madis	ADDRESS
VS	150-REV. 1/1/65							

e



9/20/66

OF REGISTRAR

2SA. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

MID

BIRTH NO.

M.E. CASE NO.

I, NAME OF DECEASED

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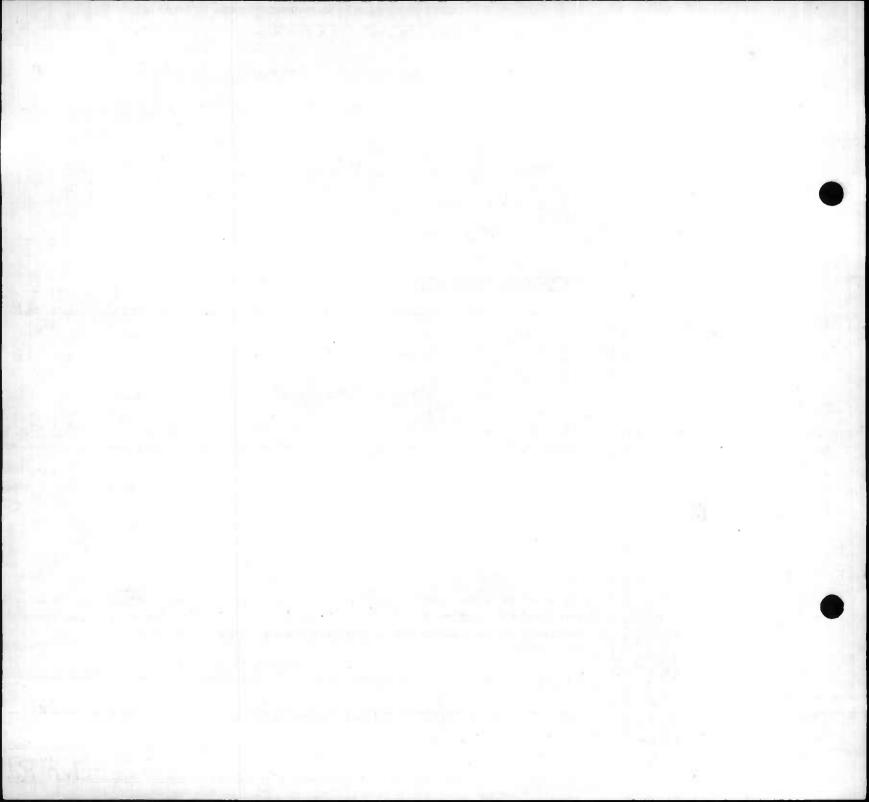
decease

pup

66

lorence

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 100 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived.
A. STATE
B. COUNTY 6 institution; residence before admi limits, write RURAL and give township If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (out) opinion death occurred on the date 23B. DATE SIGNED



		CALITY DELAKTMENT				
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	66	034

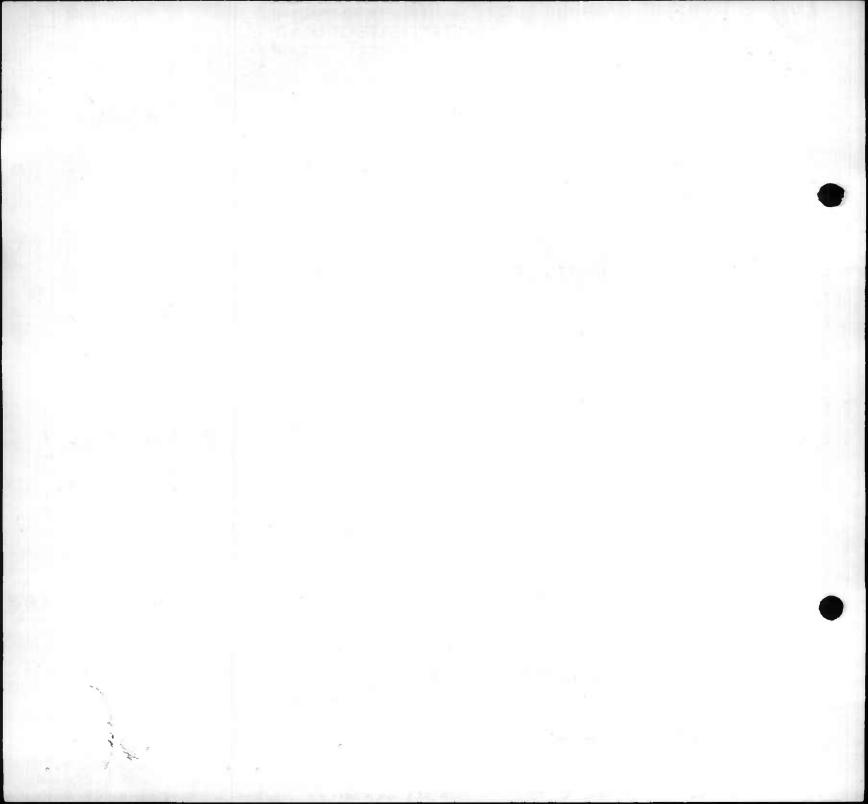
DI K	in No.	MILDI	CAL LA	AMII TER 5 CE	KIII ICA	IL OI DEATH	
-	E. CASE NO.						
(Ty	NAME OF DECE pe or Print)	EVERETT		SHIVEL	Y	September 17,	1966 . 5:15 P
FUL	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA Baltimore H	L OR INSTITUTION)		Col	DENCE (Where deceased lived, If B. () O WN (If outside corporate limits,) UMDUS RESS (If rural, give location)	institution: residence before admission) COUNTY write RURAL and give township)
	Balt	imore & Hano	ver Str	eets	Pla	ins City	
5. S		.RACE White	7. MARRIED, WIDOWED, I		B. DATE OF BIRT		Months Days Hours Min.
		PATION (Give kind of work brking life, even if refired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Logan pe	(Stote of foreign country) ort, Ind.	12. CITIZEN OF WHAT COUNTRY?
13.1	FATHER'S NAMI		THE FE		14. MOTHER'S N	AIDEN NAME	
	Unknown					Hofford	
	WAS DECEASED	EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(1es	No	ir yes, give wor or gole:	s or servicer	SECORITI NO.	Weir-Ar	end Funeral Home,	Columbus, Ohio
CERTIFICATION	OTHER SIGN	psthenio, etc. II meons plication which coused of the cous	S NY, GIVING 'ATING THE CONTRIBUTING ATED TO THE				
CERT		OPERATION 198, CON WAS PER!	DITION FOR V	WHICH OPERATION	20A. AUTOPS	(? (Yes or No.) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	218. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. Iffice bldg., INJUR	WHERE DID (If in Boltimore City Y OCCUR?	r, give exact location)
2	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT NORK AT W	WHILE	OW DID INJURY OCCUR?	
		R'S Chamles	uses X A	coldent Suicide	CHIEF N	d that on this basis, death in the Undetermined make the EDICAL EXAMINER IN THE EXAMINER IN TH	
REA	MOVAL (Specify)	ATION, 238 DATE	230	C. NAME OF CEMETERY OF	CREMATORY	23D. LOCATION (Columbus, O.	City, town, or county) (Stote)
244	A. DATE REC'D	EP 19 1966	24B. NAME	OF REGISTRAR	24C. FUNER	VVL-	ADDRESS A. M.

VS 151-REV. 1/1/65

Till I to the second of the se Mary and the state of the state moved and surpression of the Contract of the surpression of the surpre

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	3	-334 66 09414	BALTIMORE CITY H	EALTH DEPARTMENT		66 09414	
		IH NO.	CERTIFICAT	E OF DEATH	Registered No.	00 03414	
	1, N.	E CASE NO. IAME OF DECEASED pe or Printl To Hand	seah	2. DATE ANI	HOUR OF DEATH	7:05 0	
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If institu	tion: residence before admission)	
- ,	/H	FULL NAME OF (If not in hospital or institution address or location) NSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RUR	AL one give township)	
5	2	BON Secours Hos	pital	807 COOK	urol, give location)		
is made.	5. \$	6. RACE 7. MARRIE WIDOM USUAL OCCUPATION (Give kind of work) 108, KIND	PRRIED (specily)	11/21/92	73	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
	done	e during most of working life, even if retired)	cery	1. BIRTHPLACE (State or foreign 1 Ta/4) MOTHER'S MAIDEN NAM		2. CITIZEN OF WHAT COUNTRY?	
disposition	Phillip Battaglia			Maria.		ADDRESS	
final	(Yes	Whs Deceased Ever in U.S. Armed Forces? s, no or unknown) (II yes, give wor or dotes of service		Admissi	ON Shee		
0		1B. / 3 / 1	CAUSE OF	DEATH		ONSET AND DEATH	
almed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
emp		injury ar camplication which coused death.) ANTECEDENT CAUSES (B)					
s are	DISEASES OR CONDITIONS, if ony, giving			994666660000000000000000000000000000000	***************************************		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
the	ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
before	U	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in come, lorm, foctory, street, officetc.)	or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore Ci	ty, give exact location)	
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work						
be obt	22. I certify that (1) (this hospital) attended the deceased from Aug. 12, 1966 to Sept. 18 1966, that (1) (we) lost saw the deceased alive on Supt. 18 1966 and that in (my) four opinion death occurred an the date						
		and haur and from the couses stated above.	(I) (We) (did) (did nat) vie	w the body after deoth.	los	DATE SIGNED	
al must		23A. SIGNATURE 23A. SIGNATURE Phys. Director Stoff Phys. W 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED Stoff Phys. W 25B. 18, 66					
approval		PAM DOH	YANG M.O.	Bon Seco	urs Hospi	tal	
		REMOVAL (Specify)	NAME of CEMETERY OF CREM			town, or county) (State)	
written			ew Cathedral	Cem. Ba:	ltimore, Md	ADDRESS	
3		ern 10 1000 0 0	e 0 % 0 00	Witzke F.	D4101 E	dmondson Av.	
ı	VS	150-REV. 1/1/89	A A NOW	1116111)		

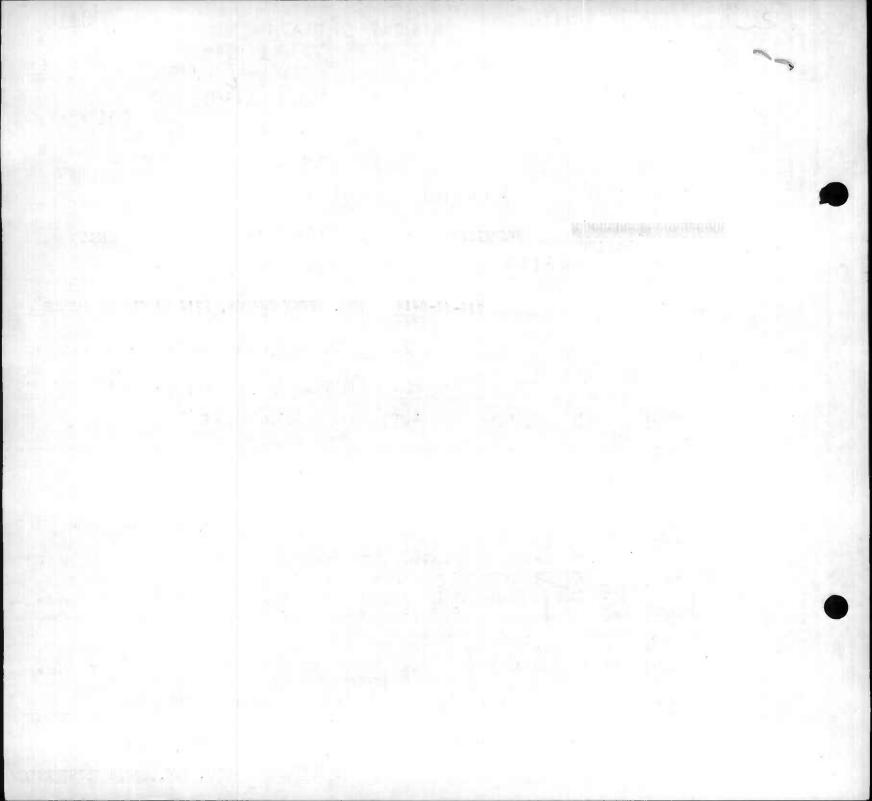


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	1	400	BALTIMORE CITY	HEALTH DEPARTMENT		00.001.5	
		TH NO. 66 U9415	CERTIFICA	TE OF DEATH	Registered No.	66 09415	
	1. N	E CASE NO. IAME OF DECEASED pe or Print)	N .	2. DATE AND	HOUR OF DEATH	045	
	· / ·	PLACE OF DEATH IN BALTIMORE MARYLAND	Rille	9-17	- 66	ф.м.	
	3. P	TACE OF DEATH IN BALTIMORE MARTLAND		A. STATE B. COUNT	deceosed lived. If institut	ion: residence before odmyssion)	
4		FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location)	on, give street	mo	11. 22 P 28 2 Prins		
2	1	NSTITUTION	/ .	C. CITY OR TOWN (If outs	ide city limits write KUKA	L ond pive (winship)	
5	/	Den Secontes Ibe	fels/		urol, give location	-/-	
				522 M	H. Holly	Sleeet	
3	5. S	m (/ wipo	MED, NEVER MARRIED WED, DIVORCED (specify)		ost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min,	
		USUAL OCCUPATION (Give kind of work 10B. KINE during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	J. BIRTHPLACE (State or foreig	country) 12	CITIZEN OF WHAT COUNTRY?	
			P Telephone C	o. Daltim	ore -	m U.S.a	
3	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
2		Harrey		Isabelle			
,	(Yes	Was Deceased Ever in U.S. Armed Forces? s, no or unknown) (If yes give war or dates of servi-	SECURITY NO.	17. INFORMANT	1 1	ADDRESS	
		V	212-03-6921	Matients fa	kt.		
5		DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH	
		LEADING TO DEATH	(A) RI	gut dural he	matome	1 day	
		(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	gut deviel he	manive		
		injury or complication which caused death.)	(8)		(
		ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving					
3		rise to the above cause (A) stating UNDERLYING CONDITION last,		***************************************		***************************************	
		UNDERCTING CONDITION loss,					
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	ERTIFIC	198. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUSES	OF DEATH?	
5	CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore City	, give exact location)	
	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?			
3	ED	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	2	(APPROX)	While At Not While At Work	•			
		22. I certify that (this hospital) attended the deceased from 2 pin 9-17 1966 to 95 yr 9-17 1966, that (1) (we) last saw the deceased glive an 9-17 1966,					
		that 🗗 (we) last saw the deceased alive	on 9-17 8 50	u 19 66 and tha		death accurred on the date	
		and haur and from the causes stated above	e. (数) (We) (did) (didment) v	iew the bady after death.			
		23A. SIGNATURE	in a M.D. Atte	nding Med.		DATE SIGNED	
		23C. PHYSICIANS	Phy:	Director Director	Stoff Phys.	7-17-66	
		23C. PHYSICIANS NAME (Type)	cours t	tosp.			
	24A	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	wn, or county) (Stote)	
	B	urial	Toude	Ba	ltimore, Md.		
		A. DATE REC'D BY HEALTH DEPT. 258. NAA	AE OF REGISTRAN Park	25GIRUNERAL DIRECTOR		ADDRESS	
			BE FarberHA	Witzke F. D.	-4101 Edmon	ndson Av.	
	VS	150-REV. 1/1/65		4			

Jan D manus of the - AL. Car

66 09416	BALTIMORE CITY	HEALTH DEPARTMENT		66 09416	
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 03410	
I. NAME OF DECEASED (Type or Print) SAMUEL 1.	SHAPOS	2. DATE AN SEAT	THE 1966	1 6:00 + M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived, If institu	ution: residence before odmission)	
FULL NAME OF (If not in hospital or institu	tion, give street		LAND	- 0	
INSTITUTION	iles Out 1:		tside city limits, write RUR	AL and give tow/ship)	
o FRANKLIN SQUARE	HOSPITEL	D. STREET ADDRESS (II	rurot, give location)	011	
		57181	PARCISSUS	*UE	
MALE WHITE WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) MARRIED	9-13-10	lost birthdoys M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	- 1 6	2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JEWELRY	ROPRIETOR	MARYLA		USA	
JACOB SHAPO	S	14. MOTHER'S MAIDEN NAM	?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO	219-32-0484		APOS, 5718 NAT	RCISSUS AVENUE	
18. 4 2 0 1 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Acu	TE PULMONA	RY EDEMA	2 hours	
(This daes not mean the made of dying, heart foilure, asthenio, etc. It means the dis injury or complication which coused death.) ANTECEDENT CAUSES	e.q.,		- INFARCTION	2 hours	
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	DUE TO	RIOSCLERUTIC	HEART	YEARS	
II		DISEASE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION WAS PERFORMED U 214. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No	10 DERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, loim, foctory, street, of etc.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact locotion)	
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX)	White At Not While At Work				
22. I certify that (1) (this hospital) attend	CC 0- 11 10		9 to SE		
that (1) (we) last sow the deceased olive	on <u>SEP1 17 10</u>	166 19 ond the	at in (my) (our) opinion	n death occurred an the dote	
ond hour ond fram the couses stated oba-	ve. (I) (We) (did) (did not) v	iew the bady ofter deoth.	leas	DATE NAME	
Hoursto P. Wina	1100/1 . M.D. Atte	nding Med. Director		B. DATE SIGNED	
23C. PHYSICIAN'S 23D. ADDRESS					
HONORIO R. YLIZA	RDE 14. M.D.	FRANKLIN SO	OUARE HOSP,	141	
24A. BURIAL CREMATION, 248. DATE 248	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City, t	own, or county) (Stote)	
Pung I.	RETH TACOR		ETNIKSBURG III	DULAUD	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAS	25C. FUNERAL DIRECTOR	FINKSBURG, MA		
SEP 19 1966 (7	leub E. Farbert	SOL LEVINSON	& BROS. INC.	6010 REISTERSTON	



VS 150-REV. 1/1/65

		BALTIMORE	CITY HEALTH DEPARTMENT	ac acatem
BIRTH NO. M.E. CASE NO.	66 09417	CERTIFIC	CATE OF DEATH Registered	No. 66 1941/
1. NAME OF DEC	Schwartz	William Bi	ARNEY 2. DATE AND HOUR OF DE	-140
3. PLACE OF DE	ATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF HOSPITAL OR	address or location	r institution, give street	C. CITY OR TOWN (If outside city limits, w	rife RURAL and give Acwnship)
12 5	inni Ho	spiral	D. STREET ADDRESS (If rurol, give location	110
1 .			5622 GREENSPRING AVENU	IE
S. SEX	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify MARRIED)	NEC. 25,1894 7	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN		SHOE	LAWRENCE VILLE VIRGINIA	USA
	SAAC SCHWARTZ		MENNIE KLEIN	
15. Was Deceased	d Ever in U. S. Armed Force (If yes, give wor or dote:	es? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
W.W. 1	YES	UNKNOWN	MRS. SYBIL SCHWARTZ. 56	622 GREENSPRING AVENUE
(This does heart foilure,	SE OR CONDITION DIR LEADING TO DEATH no! mean the made af asthenia, etc. If means mplication which caused ANTECEDENT CAUSES	dying, e.g., DUE TO	leavie Cong, Heart for	
VOTHER SIGN	OR CONDITIONS, if a obave cause (A) G CONDITION lost, IIIICANT CONDITIONS CI DEATH BUT NOT RELA CONDITION CAUSING II	Sloting the (C) ONTRIBUTING TED TO THE	•	
		OITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21B. PLACE OF INJURY (chome, form, foctory, streetc.)	e.g., in or obout 21 C. WHERE DID (If in Bolt et, office bldg., INJURY OCCUR?	imore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)	(Hour) 21E INJURY OCCURRED While At Not	While	
22. I certify	that (I) (this haspital	attended the deceased from	8/ 11 19 66 to	9/16 1966
	lost saw the decease			apinian death occurred an the date
23A. SIGNATI		ed above. (I) (We) (did) (did n	at) view the body after death.	23B DATE SIGNED
K	L. Your	1. fr. M.D.	Attending Med. Stoff Phys.	9/16/68
23 C. PHYSICIA	Type R. L. YON	IG! JR.	23D. ADDRESS M.D. SINAI HOSPITAL	
24A. BURIAL CRE	EMATION, 24B. DATE	24C. NAME of CEMETERY o		(City, town, or county) (Stote)
BURIAL			DSHIP BALTIMORE	
ZOA. DATE REC'E	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

Farley P.A

& BROS.

VS 150-REV. 1/1/65

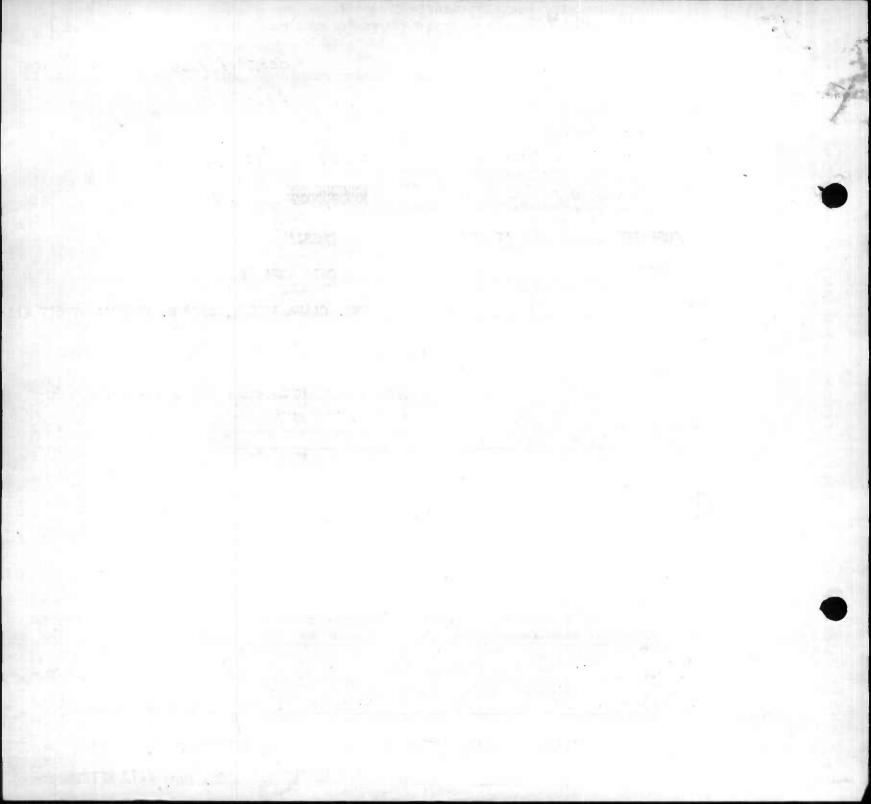
-	-				BAL	TIMORE CIT	Y HEALTH	DEPARTMENT	IT			CC	00440
	TH NO. E. CASE NO.	66	09418	3	CE	RTIFICA	TE C	F DEATH	Н	Registered No	o	00	09418
1, N	AME OF DE	CEASED						2. DATE	E AND	HOUR OF DEAT	Н	-	_
3. 1	PLACE OF DE	AN K	MORE MARY	AND	3 Kyr		14 11511	AL DESIDENCE (What	deceosed lived. If	6		: 00 PM.
],,	TACE OF D	AIN IN DALI	MORE MARI	MND			A. STAT	E B. Co	OUNTY	qeceosed irved. If	instituti	on: residence b	etore odmission)
	FULL NAME		in hospital or	institution	n, give street		P				_/3	sallo	hanger .
	NSTITUTION						1 c. 71	OR TOWN (I		le city limits, writ	e RURAI	L ond give tow	nship)
4	2 07	NAI HOSI	DITAL				D. STRE	ET ADDRESS	10 (1	ol, give location)		()	770
1/	0 31	NAI HUSI	FITAL				6	700 -	LA	MARL	DI	\	
5. 5	EX	6. RACE	7.	MARRIE	D, NEVER MA	ARRIED	8. DATE	OF BIRTH	9.	AGE (In years 1 birthday)	If U	Under 1 Yr. hths: Doys H	f Under 24 Hrs.
	MATE	~	7	WIDOW		RIER	MMA	MAMMAMAM	1 05	57	10101	inis Doys	ours Min.
		UPATION (Give		B. KIND	OF BUSINESS	OR INDUSTRY	11. BIRT	IPLA CE (State or	foreign	country)	12.	CITIZEN OF WHAT COUN	TPY?
3011	REPA				JEWELRY	,		BALTIMOR)E 1	IADVI AND			
13.	FATHER'S NA				JUWELLY		14. MO1	HER'S MAIDEN	NAME	IARYLAND		USA	
	JACO	B WINAKL	IR					ELIZABET	H ME	VFR			
15. (Ye)	Was Decease	d Ever in U. S.	Armed Forces	?	1 6. SOCIAL	L ITY NO.	17. INFO		//	761		ADDRESS	
	NO	/ 63/ gi-to		, JC(1)(CC	215-12		MDS	Edit	- Acres	WINING	1701	LAUDEL	חחדווד #י
\vdash	18.	0 1			215-12		F DEATH	ALTONOM NO.		WINAKUR,	6700	INTERVAL	
	DISEA		DITION DIREC	TLY		يسم	- 1	, ,	-	0 1		ONSET AN	ND DEATH
	(This door	LEADING T				1/1/	3373	nAL) (nroMbo	515	1/2	eeks
	heart failure	, asthenia, etc	made of dy	e diseas		DUE TO							
	injury at ca	ANTECEDEN	ich caused de	eath.)		(B)							
	DISEASES		IONS, if any	ii.		DUE TO						****************	• • • • • • • • • • • • • • • • • • • •
	rise to the	ne abave c	ause (A) si			(C)							
	UNDERLYIN	G CONDITIO	N fast.										
Z	OTHER SIGN	II HELANT CON	IDITIONS COM	NTRIBUTI	NG								
ATIC	TO THE I	CONDITION	NOT RELATE	D TO	THE								
CERTIFICATION	19A. DATE O	F OPERATION	198. CONDIT	TON FOR	WHICH OPE	RATION	20 A.	AUTOPSY? (Yes o	or No)	OB. IF YES, WER	E FINDI	NGS CONSIDE	RED
ERT	0												
AL C	OR CONTRIB	UTING CAL	JSE OF	h	ome, form, foc	injury (e.g., i tory, street, c	in or obout iffice btdg.,	11C. WHERE DI	R?	(If in Boltim	ore City,	, give exact loc	cotion)
IΙU		y medicol exon			tc.)								
MEDI	OF INJURY	(Month) (D	oy) (Yeor) (1	Vhile At	CCURRED Not Whi	lo 🗔	21F. HOW DID	INJUR	Y OCCUR?			
	(APPROX)				Vork	At Work						1	
	22. 1 certify	y that (1) (thi	s haspital) o	ittended	the decease	ed fram	8	26	19	6 6 ta	9/	1X	19.66.
	that (I) (we) last saw th	e deceased	alive an	2	14	19	66 and	d that	in(my) (aur) a	pinian	death accurr	ed an the date
			auses stated	abave.	(I) (We) (did) (did nat)	view the	bady after dea	ath.				
	23A. SIGNAT	URE	0		0	M.D. Att	andina —	Med.			23 B.	DATE SIGNED	1,,
	22.0. 811951.01	, /2	appro	7		Phy		Director _	Ph	y s. 🔀		7/14	166
	PHYSICE NAME	Type) C	GORDON				23D. ADD	RESS	1	11 -0		(
244	RIIDIAI CO	EMATION, 24		240	NAME - COST	M.D.	71	NAI		1021	6		
24A	REMOVAL		. DAIE	24C.	NAME of CEA	MEIERT OF CR	EMATORY	240	D. LOC	ATION (City, tov	wn, or county)	(Stote)
25A	BURIAL DATE REC'T	BY_HEALTH	9/18/66	BNAAR	ETH JET	LOH	750	ELINEDAL DIREC		BALTIMO	RE,	MARYLAN	0
234	JAILIKE (SEP"	9 1966	120.	of B	Falleum		I FUTLICAL		BROS. INC		ADUK	E 3 3
			li li	400-			PUL	Tra A TIADON	VIG	DKUS. IN(. 6	UID DET	CTEDOWNILL

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VS 150~REV. 1/1/65

		CO LOA	40	BALTIMORE CIT	Y HEALTH DEPARTMENT		000
	H NO.	66 094	19	CERTIFICA	TE OF DEATH	Registered No.	66 09419
I.NA	CASE NO.					ND HOUR OF DEATH	
(Туре	e or Print)	GLAZE!	3 SOPH	IE	SEI	Pr. 14, 1960	9 11 A
3. PL	ACE OF D	EATH IN BALTIMOR	E MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If i	institution: residence before admission
					A. STATE B. COU		
	ULL NAME		ospitol or institution,	, give street		LTIMORE	
	ISTITUTION				C. CITY OR TOWN (If o		RURAL ond give township)
2 (INIVERSIT	9 170321	IAC	BALTIMO		801
0		BALTIMOR	RE MD.			rurol, give location)	,
					2309 E F	EDERAL S	
5. SE	EX	6. RACE	44.450	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	F	CAUCASIA	WILLIA (NE	DO W	RESERVED	64	
ιÓÀ.	USUAL OC				Y 11, BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF
		of working life, even if I				,	WHAT COUNTRY?
	HOUS	EWIFE.	AT	HOME	PUSSIA		USA
13. F	ATHER'S N	AME			14. MOTHERS MAIDEN NA	ME	
		Activ				66	
15 14	UNKN	OWN	and Forces?	16 500141	CHIA SURA	?	ADDRESS
Yes,	no or unkno	ed Ever in U.S. Am wn) (If yes, give wor	or dotes of service)	16. SOCIAL SECURITY NO.	INFORMANT		ADDRE33
1	NO			NO	MRS. CLARA TO	CEDII 0200	TENENT STREET
	1B. / 🤊	6 01			OF DEATH	SEPH, 2309	INTERVAL BETWEEN
		ASE OR CONDITIO	DIRECTLY		^		ONSET AND DEATH
	DISE	LEADING TO D		Mark	NETIS H	18 1111	2.00
	(This does	not mean the me		A	1011	215 114	- wyes
		e, asthenia, elc. II					
		omplication which			/ 222	1 2 20 1	Tida im
		ANTECEDENT C	AUSES	(B) 45T	ADB WOCHRUN	Oalf OF C	WARY 15 Ju
	DISEASES OR CONDITIONS, if any, giving			DUE 10	E PULMONAT	y MET	
	rise to the above cause (A) stating the (C)					V	
	UNDERLYII	NG CONDITION I	ısı.				
		- 11			*		
-				NG			
NO	OTHER SIG	NIFICANT CONDITI	ONS CONTRIBUTII	N O			
TION	TO THE	NIFICANT CONDITI	T RELATED TO T	HE			
CATION	TO THE	R CONDITION CAL	T RELATED TO T USING IT.	THE	20A. AUTOPSY? (Yes or N	(o) 20B. IF YES. WERE	FINDINGS CONSIDERED
	TO THE	DEATH BUT NO IR CONDITION CAL OF OPERATION 19	T RELATED TO T USING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	TO THE DISEASE O	DEATH BUT NO R CONDITION CALL OF OPERATION 19	T RELATED TO T JSING IT. B. CONDITION FOR AS PERFORMED	HE WHICH OPERATION			
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L CERTIFIC	TO THE DISEASE O 19A. DATE O 21A. ACCIE OR CONTRI	DEATH BUT NO. IR CONDITION CALL OF OPERATION 19 W.	T RELATED TO T USING IT. B. CONDITION FOR AS PERFORMED YING	HE WHICH OPERATION	in or obout 21 C. WHERE DID		
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MEDICAL CERTIFIC	TO THE DISEASE OF DISEASE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certithot (Wood on the bound hour of 23A, SIGNA) 23C. PHYSYC PAME BURIAL C REMOVAL	DEATH BUT NO. R CONDITION CAL OF OPERATION 19 W. DENT WAS UNDERL BUTING CAUSE ify medicol exominer (Month) (Doy) fy that (1) this he e) lost saw the de and fram the cause TURE REMATION, 24B. D.	T RELATED TO TO SING IT. B. CONDITION FOR AS PERFORMED YING 21 hc 10 hc	WHICH OPERATION I.B. PLACE OF INJURY (e.g., orme, form, foctory, street, c.) I.E. INJURY OCCURRED While At At Work The detected from M.D. Application of CEMETERY OF CEMET	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the body offer deoth thending Med. Director 23D. ADDRESS	(If in Boltimo	one City, give exect locotion) 19 20 21 21 21 21 21 21 21 21 21
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MEDICAL CERTIFIC	TO THE DISEASE OF DISEASE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certithot (Wood on the bound hour of 23A, SIGNA) 23C. PHYSYC PAME BURIAL C REMOVAL	DEATH BUT NO: R CONDITION CAL OF OPERATION 19 W. DENT WAS UNDERL BUTING CAUSE ify medicol exominer (Month) (Doy) fy that (1) this he e) lost saw the de und fram the cause TURE REMATION, 24B. D	T RELATED TO TO SING IT. B. CONDITION FOR AS PERFORMED YING 21 hc 10 hc	WHICH OPERATION I.B. PLACE OF INJURY (e.g., orme, form, foctory, street, c.) I.E. INJURY OCCURRED While At At Work The detected from M.D. Application of CEMETERY OF CEMET	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the body offer deoth thending Med. Director 23D. ADDRESS REMATORY 24D.	(If in Boltimo	one City, give exect locotion) 1955 Similar deoth occurred on the december of the december o



R-150

	66	09420		BALTIMORE CITY HEAD				1	
BIRT	H NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	TE OF	DEATH Registe	red Na	66 09420
M.E	CASE NO.							V	
1. I	NAME OF DEC	CEASED				2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
. 71	Je 01 1 111111	JACK		RUBIN		Septe	ember 16, 19	66	5:40 P M.
3. P	LACE IN BALT	IMORE, MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESID	EN CE (Where	deceosed lived. If inst	itution: resid	dence before odmission)
						yland	ь. сос	INII	
HO	L NAME OF	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOV	WN (If outsig	de corporate limits, write	RURAL or	nd give township)
INS	TITUTION				Ba1	timore		5	3-00
	3600 B1	ock Parkview	Drive		D. STREET ADD	RESS (If rural	, give location)		
95							cty Road		
5. S	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
				DIVORCED (specify)			last birthday)		Days Hours Min.
-	ale	White		vried	Dec. 17,	1904	61		
		UPATION (Give kind of wo warking life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or torei	gn country)	12. CITIZI WHA	EN OF T COUNTRY?
		prietor	To	wern	Russia USA				SA
13.1	ATHER'S NAM	NE .			14. MOTHER'S MAIDEN NAME				
-		Louis	Ruhin		Anno	, 2			
		D EVER IN U.S. ARME	FORCES?	16. SOCIAL	17. INFORMANT	,		ADDRESS	
(Yes	, no or unknown	(If yes, give war or dot	es of service)	SECURITY NO.	Mar Ca-	1: - 2.1	: /600 1 11		n I
						ue kub	in 6800 Lib	erty	
	18. 5 4	7/2 XI		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION D						157	
	(This does	LEADING TO DEAT		(A) Gunsh	not Wound	of Head	1.		
	heart foilure,	not mean the mode a , osthenio, etc. It mean	s the diseose,	DUE TO					
	injuly of col	mplication which coused	de ditti./						
	4	ANTECENDENT CAUS	ES	/D)					
	DISEASES	OR CONDITIONS, IF E ABOVE CAUSE (A)	ANY, GIVING	DUE TO		•••••			•••••••••••••••
		NG CONDITION LAST.	TAING THE						
Z				(C)					
CERTIFICATION		il il	- 14.1						
S	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT R	CONTRIBUTION	NG HE					
T.F.		R CONDITION CAUSIN		·		•••••••	•••••••••••••		
ER	19A. DATE OF	OPERATION 198, CO	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208, IF YES, WERE FI		
	2/	4473 15	(FOR/VIED		Yes		IN CERTIFIING CAU	SES OF DE	Yes Yes
		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	WHERE DID	(If in Baltimore City, gi	ve exoct lo	cotion)
ă	UTING CAU	SE OF DEATH.	etc.)	Street (auto			k Parkview D	rive	
Σ	21 D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED			URY OCCUR?		
	OF INJURY							. 1 .	
		9 16 '6	6 m. V	VORK AT W	WHILE X Sho	t self	in head (Fo	und 1r	n parked auto)
	22.	tify that I held an	Inquiry	Inspection Au	topsy x and	d that on th	is bosis, death in n	ny apiniar	
		ted from: Natural co		ccident Suicid					
	19301	red from: Naturol Co	luses A	Screen			Undetermined mann	at	
	ACTUA	0/		1/-			XAMINER		DATE SIGNED
	SIGNAT		arles!	Colly M.D	ASSISTANT M	EDICAL E	XAMINER X		9/17/66
	EXAMIN NAME (Type) Charles	S. Pett	y, M.D.	ASSOCIATE M	EDICAL E	XAMINER		7/11/00
	BURIAL CRE		23	C. NAME OF CEMETERY	CREMATORY	23 D. I	LOCATION (City,	tawn, ar a	county) (State)
REA	Burial	9/18/	1946	Chaanai 7:00			Raltimore	a h 0 a.	a d
244		BY HEALTH DEPT.		Shaarei Zion		AL DIRECTO	Baltimore, M		
244	. DATE REC'D			No. or and a second sec	SOP 10	AL DIRECTO	C Phase		DDRESS
		SEP 19 1968	Vibral	s E. Farbeyria	JUL LE	vuison	a Dros. 601	0 Reis	sterstown Rd.
1/0	161 BEV 1/1/	46							TOVVIL NU.

totale fable Mrs. Berge Muld: Geffer Liberry Sq. A Layer that sites tend o manger by

IMPORTANT

FUNERAL DIRECTOR:

-			BALTIMORE CITY	HEALTH DEPARTMENT	66 09421	
		6 09421	CERTIFICA	TE OF DEATH Registered No.	. 00 03421	
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	11	0	2. DATE AND HOUR OF DEAT	TI DECI	
1	3. PLACE OF DEATH IN B		SNICK	4. USUAL RESIDENCE (Where deceased lived, If	66 / J. 55 P.M.	
	FULL NAME OF (IF	not in hospital or institution address or location	ı, give street	A. STATE B. COUNTY	e RURAL and give township)	
H	2			BALTIMORE D. STREET ADDRESS (If rurol, give location)	15-12	
		HOSPITA.		2449 SHIRLEY	4 Ave #15	
2	5. SEX 6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 78	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
	done during most of working lit-		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	HOUSEW14E	A	THOME	MAMMAMAMAM RUSSI	A U.S.A	
200	13. FATHER'S NAME	- Waka	ATIMI	14. MOTHER'S MAIDEN NAME TLAKMO	un.	
3	15. Was Doceased Ever in I	U. S. Armod Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	NO		218-52-4805	SON-MEYER MUSNI	CH 8148 Scotts LEVEL	
5	18. 4. 20	/1	CAUSE OI		INTERVAL BETWEEN DO	
3		ONDITION DIRECTLY G TO DEATH	Pill	MONARY EDEMA	5 HOURS	
	heart failure, asthenia	the made of dying, e.g., etc. It means the diseos which caused death.)	e.	,		
5	ANTECE	DENT CAUSES	(B)	OCARDIAL INFORTIO	N J HOURS	
2 2	DISEASES OR CON use to the abave UNDERLYING COND					
	O OTHER SIGNIFICANT OF TO THE DEATH E	CONDITIONS CONTRIBUTI ON CAUSING IT.	NG ANTE	inioschenosis	YEARS	
		ON 198. CONDITION FOR	WHICH OPERATION		E FINDINGS CONSIDERED AUSES OF DEATH?	
	OR CONTRIBUTING DEATH (notify medical	CAUSE OF he	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, offic.)	or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)	
	21 D. TIME (Month) OF INJURY (APPROX.)	v	Vhile At At Wark	21F. HOW DID INJURY OCCUR?		
3	22. I certify that (I)	(this haspital) attended		9/20/ 1966 10 9	115 1966.	
		w the deceased alive an	73 / /	1966 ond that in(my) (our)		
ond hour ond fram the couses stated above. (I) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff						
2	NAME (Type)	200 HID	AL60 M.D.	SINAI HOSPIT	-41	
3	24A. BURIAL CREMATION, REMOVAL (Specify)		NAME of CEMETERY OF CRE		City, town, or county) (State)	
	BURIAL	9/18/66	WORKMEN CIRCLE	BALTIMORE.	MADVIANO	
	25A. DATE REC'D BY HEAL	TH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
	VS 150-REV. 1/1/65	Today	JE JOHNA	SOL LEVINSON & BROS. IN	C. 6010 REISTERSTOWN	

VS 150-REV. 1/1/65

7 60 CO 10 C and still a second ROLLING SON - MEYER MOSH - CH TIMES TO SON 510 ELLERON SED STORES STORES Apocaronal informing I will Secretary Secretary 11/0 11 /20/3 31/6 Educardo Hidalys SINA, 4039, TAL E044200 4104660

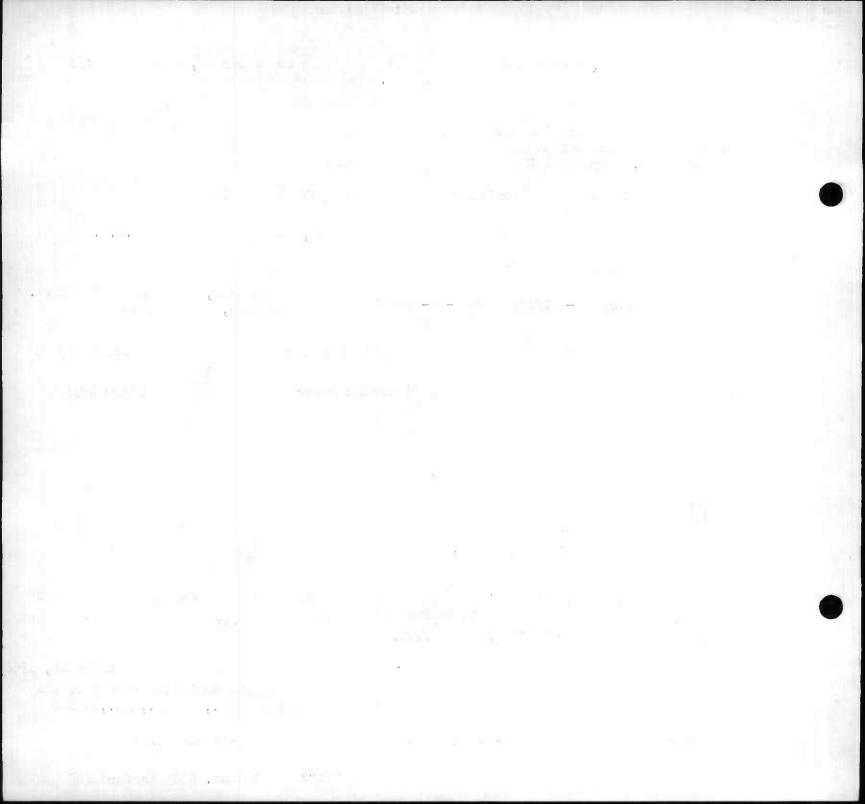
DIRECTOR:

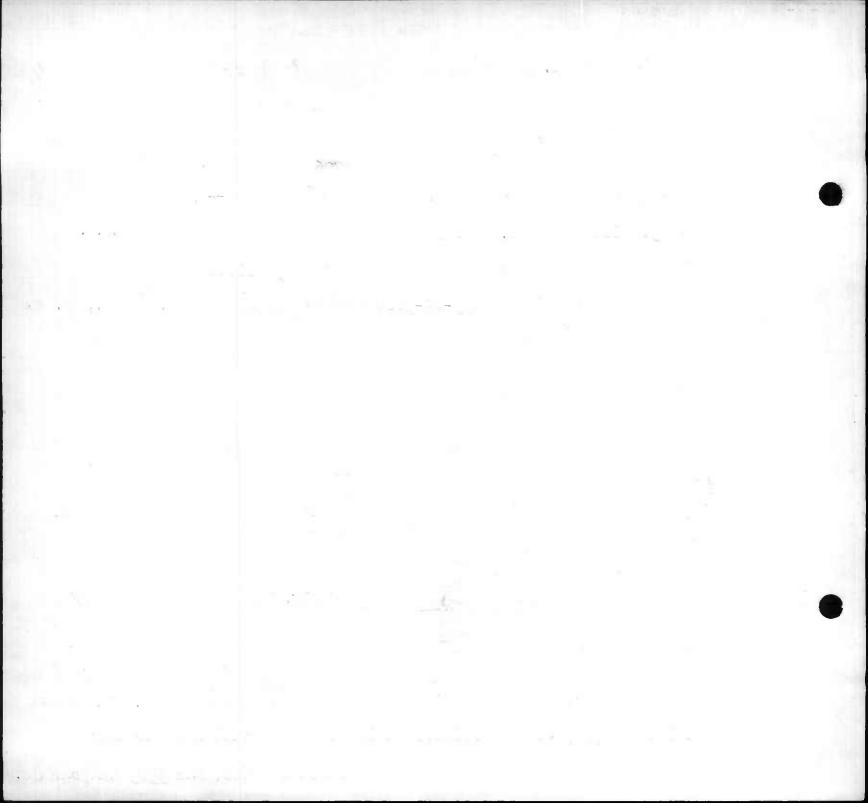
FUNERA

VS 150-REV, 1/1/65

51-8-1 -7 mi 318 mill . is .w. Howse with BUTGHETTE. 丁甲基本並列等的 21.00% and the same of the contractions ATTENTIONER BUCCOS CHTILLISS DESIGNO (E) No Property and the commence of the comment

	66 0942	32	BALTIMORE CITY	HEALTH	DEPARTMENT		66	0942)()
	In No.		CERTIFICA	TE O	F DEATH	Registered No.	00	1 0044	
1.1	E CASE NO. NAME OF DECEASED Pe or Print LAMARTINA, Samue.	1 NMI				mber 16, 19	66	6:35	A
3.	PLACE OF DEATH IN BALTIMORE, MAR	4. USUA A. STATE		e deceased lived. If in	stitution; res	idence before o	odmission)		
	FULL NAME OF (If not in hospital a		ryland						
7.	HOSPITAL OR oddress or locotion)		24.7			side city limits, wite	RUBAL ond	give tawaship)	
11/	Veterans Administration 3900 Loch Raven Boyle	_	Ital		timore	rurol, give location)	-	Contract of the contract of th	
	Baltimore, Maryland 2				5 Catalpha				
		7. MARRIED,		B. DATE C	F BIRTH	9. AGE (In veors	II Under	Yr. , If Unde	er 24 Hrs.
	Male White	Marri		4/3		ast birthday) 72	Manms	Days Haurs	Min.
107	A. USUAL OCCUPATION (Give kind of work) to during most of working life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or lorei	gn cauntry)	12. CITIZE	N OF T COUNTRY?	
	Clerk	Prod	uce	Sic	ily, Italy	7		.A.	
	FATHER'S NAME				IER'S MAIDEN NA				
	Joseph Lamartina			Man	y Dinkaspi	no			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMAL						ecords, 3900	Loch		lvd.
18. 4 / CAUSE OF DEATH INTERVAL BETWEE									
	DISEASE OR CONDITION DIRE	CTLY					0	NSET AND DE	EATH
	LEADING TO DEATH (This does not mean the made of	dvina. e.a	(A) Aor	tic S	tenosis		ove	er 20 ye	ars
	heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,	500 10						
	ANTECEDENT CAUSES			matic	Fever	. N. H. N. N. O.	sin	ce 1918	
	DISEASES OR CONDITIONS, if a	ny, giving	DUE TO						
	rise to the above cause (A) UNDERLYING CONDITION last.		(C)			****************************		h-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D	
ATION	OTHER SIGNIFICANT CONDITIONS CO	TED TO THE	6 E						
CERTIFICA	DISEASE OR CONDITION CAUSING IT	ITION FOR V	VHICH OPERATION	20 A. A	UTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS (CONSIDERED EATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. hom etc.)	PLACE OF INJURY le.g., in e, larm, factory, street, oli	or about ince bldg.,	NJURY OCCUR?	(If in Baltimore	City, give	exact locotion)	
ED	21 D. TIME (Month) (Day) (Year)	lHour) 21E,	INJURY OCCURRED		21F. HOW DID INJ	JRY OCCUR?			
2	(APPROX)	Whi Wor	le At Not While	· 🗆					
	22. I certify that (1) (this haspital)	ottended th	ne deceased from A	ugust	14th 1	, 66 to Sept	ember	16th 19	66
	that (V (we) last sow the deceased	olive on	September 16	th 19	66 and the	ot in my (our) opi	nian death	occurred an	the dote
	ond hour and from the couses state								
	23A. SIGNATURE	0	1				238. DATE	SIGNED	
	Houng &	5 (M.D. Atte	nding _	Med. Director	Stoff Phys.	Sept	ember 1	6, 196
	23C. PHYSICIAN'S NAME (Type)			3D. ADDR	vete	cans Adminis			
	YOUNG CHUN		M.D.	3900	Loch Raven	Blvd., Balt	.o., Mo	1., 2121	8
24/	REMOVAL (Specify) 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LC	CATION	ty, lown, or	county)	(Stote)
	Burial 9/20/66	Balt	imore Nationa	250 5	UNERAL DIRECTOR	Baltimore M	arylar	nd Apperes	
	CED 10 1000	A 0 1	0 Z 10 ""					WDDKE33	
VS	150-REV. 1/1/65	U. God	C. Vansey Man	Le	onara J Ruc	k Inc. 530	Harfe	ord Rd	
				4	1 2 2				





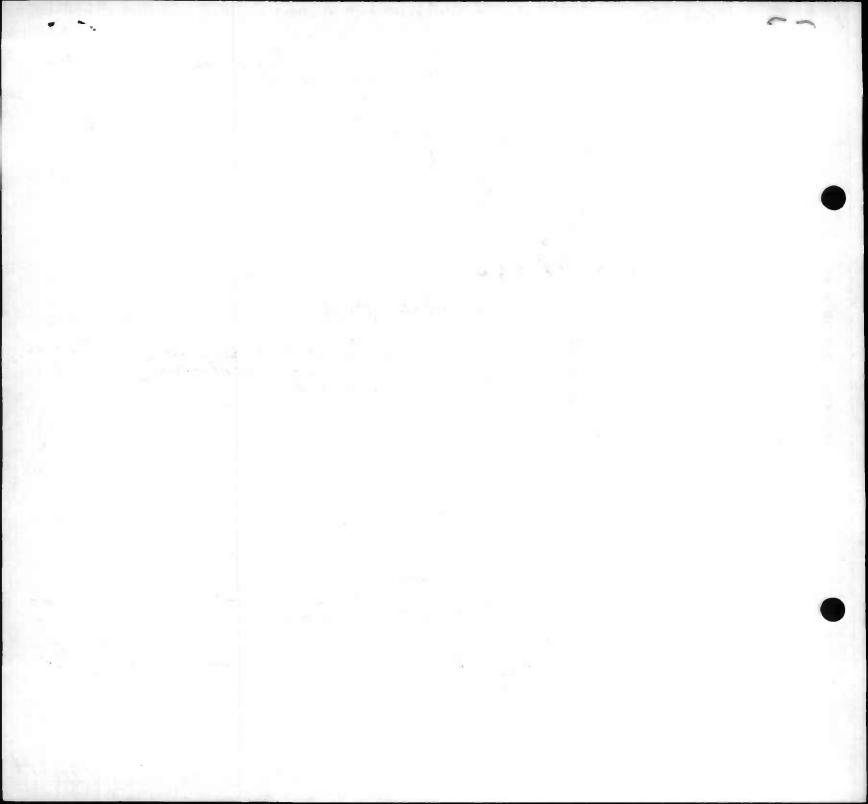
	66 094			BALTIMORE CITY HEAL	TH DEPARTMENT			0.105	
BIRTH NO.	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 09425								
	NO	MILDI	CAL LA	AMIIIAEK 2 CI	LKIIIICAIL	JI DLAIII"	egistered ito		
M.E. CASE	OF DECEASED			W	12 DA	TE AND HOUR PRON	OUNCED DEAD		
(Type or Pili	nt)		A 1 ozzana	ler Clark					
3. PLACE IN	BALTIMORE, MAI				4. USUAL RESIDENCE	Where deceased lived	9/16/66	11:00 a _M .	
		,			A. STATE Maryla	and	B. COUNTY		
FULL NAM	E OF (IF NOT	IN HOSPITAL	OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)				
INSTITUTION		on coon.	,011,		Baltimo		0	12	
1					D. STREET ADDRESS (9-		
1	IImi - Mana						/		
5. SEX	Union Memo			NEVER MARRIED	B. DATE OF BIRTH	Delverne Rd		r 1 Yr. If Under 24 Hrs.	
			WIDOWED, I	DIVORCED (specify)	DATE OF BIRTH	lost birthdo	y) Manths	Doys Hours Min.	
male	white		Marrie	BUSINESS OR INDUSTRY	April 5. 19	1883	83		
	OCCUPATION (Given as af working life, ev		OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole a	r fareign country)	12. CITIZ	EN OF AT COUNTRY?	
			Beth. S	Ship Building	Scotland 14. MOTHER'S MAIDEN		U.S	.A.	
13. FATHER'S	SNAME				14. MOTHER'S MAIDEN	NAME			
1	Robert Cla	mlr			Elizabeth		?		
	Robert Clar CEASED EVER IN U known), (If yes, give			16. SO CIAL SECURITY NO.	17. INFORMANT	The state of the s	ADDRES	S	
	ikilowii/iii yes, give	wor or doles	OI SCIAICE!	215-01-3075	Mrs Mary B	Clark 360	4 Delvern	e Rd	
No. 118.				7 7 7	OF DEATH	Olain Joo	T DCIVCIII	INTERVAL BETWEEN	
7-	221	1		CAUSE	OF DEATH			ONSET AND DEATH	
	DISEASE OR CON	DITION DIR	ECTLY	Antoni	ocolomotic c	andiarraani1	ar diasas		
(This	does not meon the		dying, e.g.,	DUE TO	losclerotic c	arulovascur	ar diseas	e	
injury	or complication wh	ich coused de	me disease, eath,)						
	ANTECENDE	NT CALISES							
DISE	ASES OR CONDIT			(B)					
RISE	TO THE ABOVE CA	AUSE (A) STA	TING THE	501.10				- 0.07/67	
	EKETING CONDIT	ION LAJI.		(C)	***************************************				
HTO OTHE	-								
S OTHE	ER SIGNIFICANT CO						12562		
E DISE	ASE OR CONDITION			nc					
19A, DA	TE OF OPERATION	WAS PERFO		WHICH OPERATION	20A. AUTOPSY? (Yes		ERE FINDINGS OF DE		
₹ 21 A. EX	TERNAL CAUSE W	AS		PLACE OF INJURY (e.g.,	in or obout 21C. WHERE		City, give exact le	acation)	
O UTING	YING OR CONTRI		etc.)	, form, foctory, street, o	the bidg., INJURY OCC	UR?			
S 21 D TIM		Day) (Year)	(Haur) 2	1E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?			
(APPRO)				VHILE AT NOT Y	WHILE ORK				
22.	I certify that I h	eld on In		Inspection X Aut	and that	on this bosis, dec	th in my cololo		
	resulted from:								
	resulted from.	TOTOTOT COU	Ses A	ccident		Undetermined	monner		
AC	TUAL //	10000	0)	5/5/-		L EXAMINER		DATE SIGNED	
	GNATURE /	Cyvi	77	M.D.				0/1/1/1/	
	(AMINER'S				ASSOCIATE MEDICA	AL EXAMINER		9/16/66	
	L CREMATION, 2	ner U.		M.D.	· CREAM ATORY	23D. LOCATION	(City, tawn, ar	county) (State)	
REMOVAL		W DAIE	23	OF THE WAY OF CONTESENT OF	CKENTATORI	200. EU CATION	tony, rawn, ar	county/ (Sigle/	
Buria	REC'D BY HEALTH	Sept. 20	1966 248 NAME	Dulaney Va	11ey	Baltimor	e Mary	lamd ADDRESS	
	crn 4	0 1000	00	. 0 T. 0					
	SET !	J 1900	105,000	DE Vansey MA	Leonard J	Ruck Inc.	1305 Harro	ora na.	

final troop in this to said the is cortaxied abit chart is real and recording to American and Differ Company of the second of LE Month Hero and Your I Strate I.d.

-	-	66 09426 BALTIMORE CITY HEAL	TH DEPARTMENT	CC 1)049C
		CERTIFICATE (OF DEATH Registered	No. 66 U9426
	1, N	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DE	ATH 750
	(Тур	Type or Print) Oliver Parsons	9-17-66	750 P.M.
	3. P	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. US	UAL RESIDENCE (Where deceased lived. ATE B, COUNTY	If institution; residence before admission)
	F	FULL NAME OF (If not in hospital or institution, give street	any land Baltin	rore
		HOSPITAL OR oddress or location) INSTITUTION		vrite RURAL and give township)
, /	5	Sinai Hospital of Baltimore, Inc.	Saltimore REET ADDRESS (If rurol, give location	0-00
7	1		2344 Lauretta	^
	5. S	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DAT	E OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		M N WIDOWED, DIVORCED (specify) 9/	33/41 lost birthday	Months Doys Hours Min.
2		IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIR	RTHPLACE safe or foreign country	12. CITIZEN OF WHAT COUNTRY?
2		done during most of working life, even if retired) Long Shore man	Tirainia	u.s.A.
3	13.		OTHERS MAIDEN NAME	100.3.11
2	,	John Parsons	Xand F	A .
3	15. V	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INE	PRMANT	ADDRESS
3	lies	(Yes, no or unknown) (If yes, give was or dotes of service) SECURITY NO.	eni SONA	2244/autil
		18. 4 CAUSE OF DEA	TH /	INTERVAL BETWEEN
3		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Myocardial Infar	ction one
3		heart failure, asthenia, etc. It means the disease,	,	
		ANTECEDENT CAUSES (B) Arterios	lerotic Heart Dise	ase unlona
,		DISEASES OR CONDITIONS, if ony, giving		
3		rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.		
	}	II		
	N O	THER SIGNIFICANT CONDITIONS CONTRIBUTING	- A1-117	2
	ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1
	ERTIFICATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	A-AUTOPSY? (Yes or No.) 20B, IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
5	O	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obo	out 21C. WHERE DID (If in Bolt	timore City, give exact location)
	A	OR CONTRIBUTING CAUSE OF home, form, foctory street office bidded DEATH (notify medical examiner)	g., INJURY OCCUR?	
	EDIC	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	1 > 1	OF INJURY (APPROX.) While At Work At Work		
			stember 1966 10	(7 Se d'Embor 19 66.
		that (1) (we) lost sow the deceased alive on A Seylands	19 6(ond that in my) (our)	opinion deoth occurred on the dote
		ond hour and from the causes stated above. (1) (We Maid) (did not) view the		
		23A. SIGNATURE		23 B. DATE SIGNED
		M.D. Attending Phys.	Med. Stoff Phy s.	1780.66
		23C. PHYSICIAN'S	DDRESS	0 0
		MICHAEL CEVIN M.O. A	INAI HOSPITAL O	(BALTIMORE
	24A.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	24D. LOCATION	(City, town, or county) (State)
	1	Burial 9/22/66 arbutus Mem.	Vark arbutus	Mil
	25 A.	25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR 25G	FUNERAL DIRECTOR	ADDRESS
		SEP 19 1966 A D F. S. Tradique To	turnell & Olde	n-Balto Md
	^2 J	/S 150-REV. 1/1/48121 10 1000 Ulaboration C. 100000	9 6.3	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

V	1-626	BALTIMORE CITY	HEALTH DEPARTMENT		00 00402
BIRT	14 NO. 66 09427	CERTIFICA	TE OF DEATH	Registered Na	66 U9427
1. N	CASE NO. AME OF DECEASED PERCURIO DOM	edher.	2. DATE AN	HOUR OF DEATH	PM
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived, if ins	litution; residence before admission)
F	FULL NAME OF (If nat in hospitol or institution, give HOSPITAL OR oddress or locotion) NSTITUTION		12 . /	212	TRAL and are township)
	SINAI HOSpital of Bul	Timore Luc,	D. STREET ADDRESS (V	rural, give lacation)	
	<i>y</i>		1 1 1 1 1 1 1	over St	•
5. S		VER MARRIED VORCED (specify)	B. DATE OF BIRTH HAY. 20, 1928	9. AGE (In years lost birthdoy) 3 - 8	tf Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSE during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	C/T. RX		MARYAN	v 4	U.S.A.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME / - 00	
15.	Mos Deceased Ever in U. S. Armed Forces? S, no or unknown (If yes, give war ar dotes af service)	SOCIAL	17. INFORMANT	1) 2 13	ADDRESS
/	1/	9-22-5375	MP. UlRIC MTR	CURIO 212	N. Glover St
	18. 200.01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Keti	colum Cell S	SE CRAPA	2/2 415
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	DUE TO	clum Cell S clmonpay & cets tosis	Venteben	1
	ANTECEDENT CAUSES	(B)	SHAS LANGE		000000
	DISEASES OR CONDITIONS, if any, giving	001			
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(C)	•		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		-		
ERTIFICATIO	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	CE OF INJURY (e.g., in orm, foctory, street, of	or obout 21 C. WHERE DID thought the thing of the thing.	(If in Boltimore	City, give exoct locotion)
000	21D. TIME (Month) (Doy't (Yeor) (Hourt 21E, INJ OF INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.) While A	Not Whit			
	22. I certify that (1) (this hospital) attended the d	eceasyd from	9/12-	19 66 to	1/15 1966.
	that (I) (we) ast saw the deceased alive an	9/15	19 C S and th	at in(my) (aur) apir	nian death accurred on the date
	and hour and from the causes stated above. (1) (W	e) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	Phy		Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		
1	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify) 9/9/66 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	OF CEMETERY OF CRI	MATORY 240. L. B.	Altimore	y, town, or caunty) (State)
VS	SEP 19 1966 0 0 6	2. Fallyr	B. Dabrows	(+12818L.	DA Trusone St.
			de la band		



258. NAME OF REGISTRAR

66 09428

(Il not in hospital or institution, give street

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

FULL NAME OF

Such

death.

on the

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MOS

25A. DATE REC'D BY HEALTH DEPT.

0

V\$ 150-REV. 1/1/65

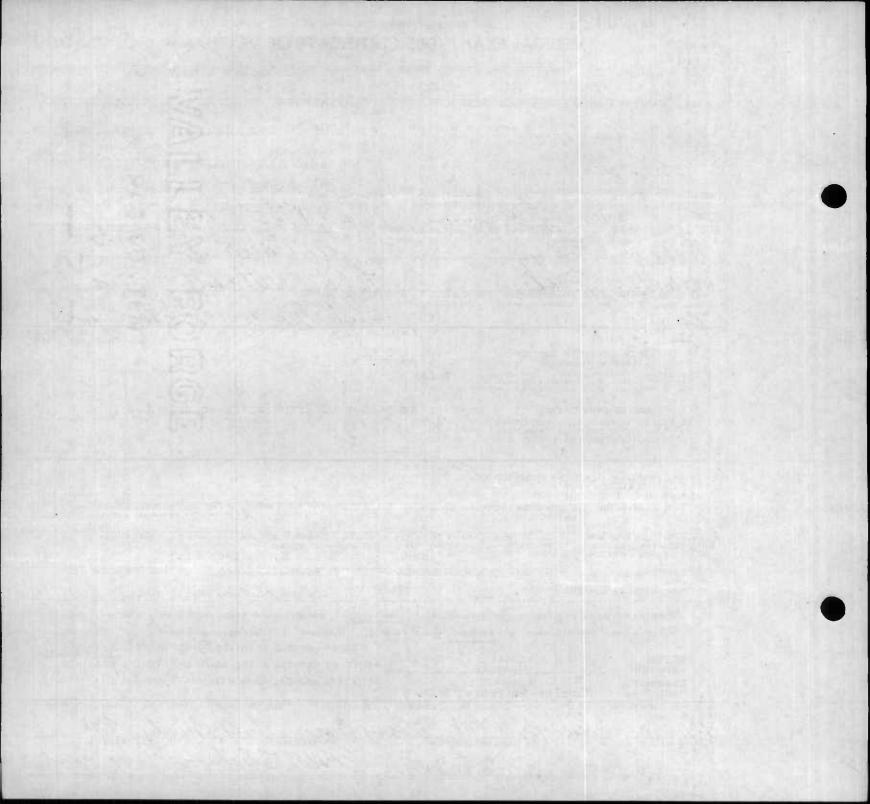
BALTIMORE CITY HEALTH DEPART CERTIFICATE OF DEA

> A. STATE MARYUMNO MARY

HEALTH DEPARTMENT
TE OF DEATH Registered No. 66 09428
2. DATE AND HOUR OF DEATH Q (2 / Lb) 2:3.5PM
4. USUAL RESIDENCE (Where deceosed ved. If institution: residence before admission) A. STATE B. COUNTY
C. CITY OR TOWN (If outside city limits, write BURAL and give township)
D. STREET ADDRESS (If rurol, give location)
1810 N. MONTBORD AVENUE
DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 48
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
M. Carlina WHAT COUNTRY?
4. MOTHER'S MAIDEN NAME
FANNIE ROUNDTREE
7. INFORMANT . ADDRESS
Tanne Wekley-
DEATH INTERVAL BETWEEN ONSET AND DEATH
ordered homorhung 3/1/48
perfenero
20A. AUTOPY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?
215 HOW OLD IN HAY OCCUPS
21F. HOW DID INJURY OCCUR?
9/17/ 1966 10 9/17 1966.
19. and that in(my) (and appinion death accurred on the date
ew the body after death. 23B, DATE SIGNED
ding Med. Stoff Phys. D 9/17/66
JHH
AATORY 24D. LOCATION (City, town, or county) (Stote) 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR ADDRESS
2. 10 \$ 1. be unon 1. 1.



	BALTIMORE CITY HEA	KK HOADA
BIR	H NO. MEDICAL EXAMINER'S (CERTIFICATE OF DEATH Registered Na.
M.	. CASE NO.	
1. (Ťy	JAMES BAKER	2. Date and Hour Pronounced Dead September 16, 1966 5:45 P
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
P	1412 E. Madison Street	Baltimore D. STREET ADDRESS (If rurol, give locotion) 1412 E. Madison Street
5. 5	WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Norths, Doys Hours Min.
11	USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUST	TRY IN BIRTHPLAZE (Stote or foreign country) 12. CITIZEN OF
	during most of working life, even if retired)	MAT COUNTRY?
134	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	VAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
	no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Elsie Muse 1412 E Medianos
		SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ASP	Phyxia
	(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	(B)	paction of frankfurter on eppiglotis
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
0	II	
IFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
MEDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING POR CONTRIB- UTING □ CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 10 me	office bldg., INJURY OCCUR? 1412 E. Madison St.
Σ	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY Sept. 16,1966 p. WHILE AT NOT	T WHILE
	22.	WORK - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		Autapsy 🔟 and that an this basis, death in my apinlan
	resulted fram: Natural causes Accident Suici	CHIEF MEDICAL EXAMINER
	SIGNATURE Charles / city - M.	DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 9/17/66
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)
24	Busial Syl 20/66 Mt, Calm. DATE REC'D BY HEALTH BEPT. 248, NAME OF REGISTRAR	ary Cem a. G. Crusty MR,
	SED 20 1966 0 0 8 8 Fallers	Zocalet, Elicheon 1/297. Carline
VS	151-REV. 1/1/65	0 1 3 1



IMPORTANT	Also, if the direct or correct of any kind; (4) Undet on concurred death was in cattendance on the decent	almed or final disposition
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underwas D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the dece	Written approval must be obtained before the remains are embalmed or tinal disposition

-5010	66 09430 BALTIMORE CITY HEALTH DEPARTMENT GG 09430	
7005	CERTIFICATE OF DEATH Registered No. OU CERTIFICATE OF DEATH	
and eath ased th	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
= P 9 5 .	(Type or Print)	1 m.
pit of ath	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If in stitution: residence before odmission) A. STATE B. COUNTY	ssion)
hospitise of (5) De ance death	FULL NAME OF (If not in hospital or institution, give street MOSPITAL OR oddress or location)	
	INSTITUTION (It outside city limits, write RURAL and give township)	
e 32. /	D. STREET ADDRESS (If rurol, give locotion)	
0	Chion MEMORIA LHOSpital 1232 Lafaciette AVE	
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE/(In yeors to Under 1 Yr. If Under 24 Months Doys Hours M	Hrs.
re re	10A. USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF	
rif death rect or c (4) Under was in the dece isposition	DOMESTIC LABORER (MAID)-PRIVATE HOME Mary and WHAT COUNTER?	
de Un Vas	13. FATHER'S NAME	
	Benjamin Morgan Margaret Broaden	
0	15. Wos Degeased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMANT ADDRESS	
the the kinc dea nce final	No. Margaret O. Wilson	
if any ced ndar	18.4.2 0 1 INTERVAL BETWEEN	
E 0 + E 0 D	LEADING TO DEATH (A) Mapcardial Inforction 12 hours	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	>
P d d	injury or complication which caused death,)	
min fra fra ho egu	ANTECEDENT CAUSES (B) DUE TO	
exa 3) A 3) A	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
cal e s; (3 s; (3 rian ins	UNDERLYING CONDITION last.	,
medical edical burns; hysicie n was	OTHER SIGNIFICANT CONTRIBUTING	
f medical medical y burns; (; physician ian was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CEVEDYO VESCULAY accident	
7 o g a		
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect locotion)	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
ved by hospito nature; ept wh d (6) No	D 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21E HOW DID INJURY OCCUR?	
roved ne hos y natu xcept ind (6)	OF INJURY (APPROX.) While At Not White Work At Work	
he he had xce	22. I certify that (1) (this hospital) ottended the deceosed from SETEMBER 12, 19 66 to SETEMBER 13, 19 61	6
1 (e	that (1) (we) lost sow the deceased alive on SEMEMBER 13, 19 66 and that in (my) (au) opinion death accurred an the	
t of t	and hour and from the causes stated above. (1) (We) (did not) view the body after death.	
dent ospir dear dear	23B. DATE SIGNED	
a to	James Lacity, Jr. M.D. Attending Med. Director Phys. 2 9/13/66	
ate and and covered	NAME (Type) LEXXE JAMES, W. CARTY JR. THE UNION MEMORIAL HOSPITAL	
This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	JAMES CO. CARLY JA. M.D. CONTON TO THE MORTH TO SECULTION (SITE OF CONTON)	
P C C C	DEMOVAL (Specify) GILLY M. T. A. C. D. T. C.	ote)
s cel boc ws: s D.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	-
This the show was dece	CFD 20 1966 P. O. R. S. FALLOWAN HERBERT E. NOTIER 3035 W. NOW,	2 1
	VS 150-REV. 1/1/65	7

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced

Also, if the direct

a hospital and

was in regular attendance on the

death

			BALTIMORE CITY	Y HEALTH DEPARTMENT		
	IRTH NO.	66 09431	CERTIFICA	TE OF DEATH	Registered Na	66 09431
1.	NAME OF DE	CEASED		2. DATE AN	ND HOUR OF DEATH	
	Type or Print)	Inez B. Jo		Septe	mber 15,196	6 1: A A
3.	FULL NAME	ATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN Maryland		stitution; residence before admission
	HOSPITAL OR	oddress or locotion		c. city or town (if our Baltimore	tside city limits, write R	URAL ond give jownship)
1	9	Provident Hos	ani tal	D. STREET ADDRESS (If	rurol, give location)	0
-	/	1514 Division		842 N. Carey	Street	
	sex Female	6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		9. AGE (In years lost birthdoy) 61	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	Teacher		Public School	Keysville Virg	inia	U.S.A.
	3. FATHER'S NA			14. MOTHERS MAIDEN NA		
	Charle	s Thomas Maso	on	Jennie Bouldin		
1	S. Wos Deceose	d Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		,, 3	214-24-0271	Earl E. Johnso	n_842 N. Ca	rev Street
	18. 2 2	7 8 1		OF DEATH	OTL H. Va	INTERVAL BETWEEN
		SE OR CONDITION DI	RECTLY	4		ONSET AND DEATH
		LEADING TO DEATH	(1)	rebral hew	novvhaue	One with whe
	heart failure	not meen the mode of osthenio, etc. It meens mplication which coused	dying, e.g., DUE TO the disease, death.)	rebral hem		71.116 - 1
		ANTECEDENT CAUSES	(B)	Hypertens	rez	11 fean +
	DISEASES	OR CONDITIONS, if	DUE TO	0'		4
	rise to th	ne obove couse (A)				
	UNDERLYIN	G CONDITION lost.				
	OTHER SIGN TO THE DISEASE OF	IIFICANT CONDITIONS COEATH BUT NOT RELATED CONDITION CAUSING	ATED TO THE TOTAL	per Honer	ti bresi	's Tyean
-	7		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
	OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II in Baltimore	City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	While At Not Whi		URY OCCUR?	
			Work L At Work			
			l) attended the deceased fram	, 41		4x 15 1966
	that (I) (Ne) last saw the decease	ed alive an August	1966 and th	at in (my) (ohuz) apir	nian death accurred an the da
	and haur ar	d from the causes sta	ted above. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNAT	URE D	/ -			238, DATE SIGNED
	1	1 an 120	motern M.D. Att	lending Med. Director	Stafl Phys.	9/13/66
	23 C. PHYSICI NAME (BERIVSTEINMO	23D. ADDRESS	LIK Ave	Baldmore 14
2	4A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	ty, town, or county) (State)
	REMOVAL	(Specify)				
2	Burial	9/19/60 BY HEALTH DEPT.	Arbutus Memoria	AL Park Bal	timore Co.	Maryland Address
-	JOHN DAIL KICK	, a meneriii Derii.	THE OF REGISTRAR			W. North Ave
/ I			~ ~ ~ ~ ~ <i>E [7].</i>	TOTOTOTO IN .	TOTOPET - MAJA	W . IN CLUT L.C. ATEA

L BETWEEN cotion) ed an the date 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Park Baltimore Co. Maryland 9/19/66 Arbutus Memorial Park
| 25B. NAME OF REGISTRAR | 25C. FU Burial ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Herbert E. Nutter -3035 W. North Ave. VS 150-REV. 1/1/65

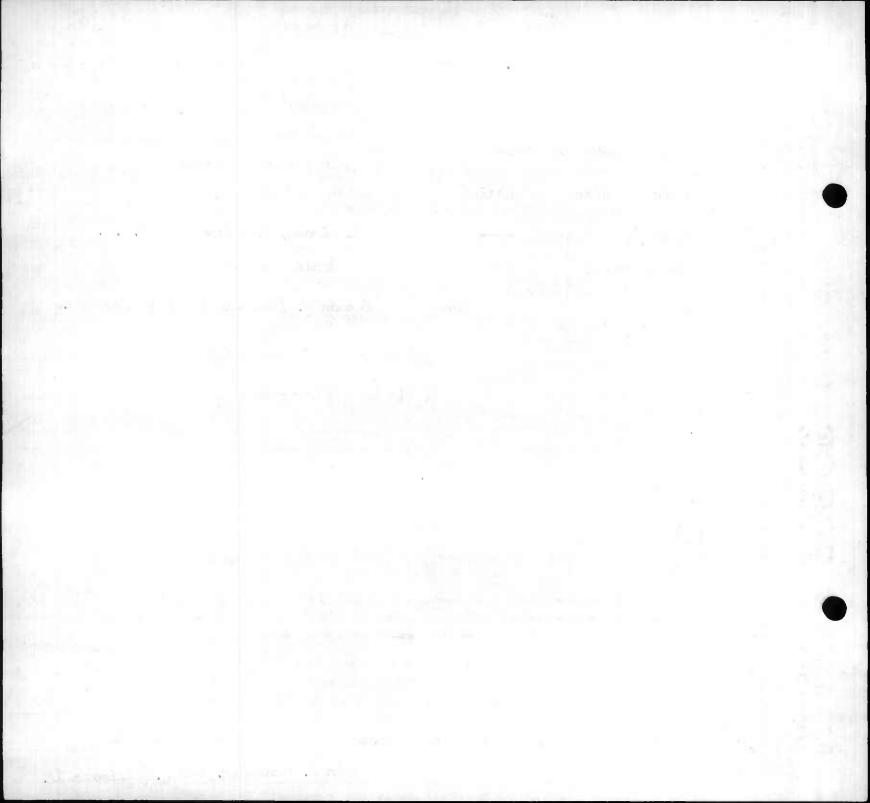
M.

دی		1	-	1	>
. J	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	41 000
	if death occu	4) Undetermir	was in regu	the deceased	enocition is me
FUNERAL DIRECTOR: IMPORTANT	or his assistant Also, if the dir	e of any kind; (nounced death	attendance on	med or final die
DIRECTOR:	lical examiner	ns; (3) A fractur	ician who pror	as in regular	nine are ambal
FUNERAL	the chief med	; (2) Body burn	here the physi	to physician w	hotoro the rom
•	e must be approved by released to the hospit	accident of any nature	a hospital (except wh	or to death); and (6) N	written anaroval must be obtained before the remains are embalmed or final disnosition is made
	This certificate	shows: (1) An	was D.O.A. at	deceased prio	Written grant

0 00 00 400	HEALTH DEPARTMENT	66 09432
BIRTH NO. M.E. CASE NO. CERTIFICA	TE OF DEATH X Registered No. —	20 00405
INAME OF DECEASED IType or Prin DIANE JACKSON	2. DATE AND HOUR OF DEATH	5:15 A M
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE B. COUNTY	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	M.D	Salte
HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUI	RAL and give township)
SINAL HOSPITAL OF BACTMORE	D. STREET ADDRESS (If rural, give location)	96 //
STANT MOST INTE OF DACTAMORE		RIVE
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 8 9. AGE (In years lost birthday)	f Under 1 Yr. If Under 24 Hrs. Aonths Days Hours Min.
(A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working life, exem if retired)		12. CITIZEN OF WHAT COUNTRY?
STUDENT	BALTIMORE	US.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRANCIS JACKSON	DOTOLES YOYIE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	MOTHER - ASIN	# 4 ABOVE
1B. 2 3 7 X I CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	VEUMONIA	2 WKS.
tinis does not mean the mode of dying, e.g.,		
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	- ALLEST - DA TIMMP	2 1/212
ANTECEDENT CAUSES	RAIN STEM TUMOR	LATEMES
DISEASES OR CONDITIONS, if ony, giving		
rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.		
II II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., 194)	IN CERTIFYING CAUS	ES OF DEATH?
	n or about 21 C. WHERE DID (If in Baltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	mice biog., INJURT OCCUR!	
OF INJURY OF INJURY While At Not Whi	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Whi Work At Work		(.
22. I certify that (I) (this hospital) attended the deceased from	11 11	116 19 66
that (1) (we) last saw the deceased alive on 9/16	19 6 G and that in(my) (our) opinion	
and hour and from the causes stated above. (1) (We) (did) (did not)	The state of the s	
23A, SIGNATURE		B. DATE SIGNED
Shelden M. + ranhm.D. Att	ending Med. Staff /s. Director Phys.	9/16/66
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	2 4
Sheldon M. Frank M.D.	SINAL HOSPITAL OF G	SALTIMORE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City,	town, or county) (State)
	etery Baltimore Many	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Baltimore, Mary	
SEP 20 1966 1 02 6 8 Starbuy Mill	John A. Moran Inc. 3000 E	.Baltimore St.
VS 150-REV. 1/1/65		

was D.O. shows:

	00 00	A O O BALTIMORE C	ITY HEALTH DEPARTMENT	CC DOASS			
	TH NO. 66 U9	433 CERTIFIC	CATE OF DEATH Registered No.	66 09433			
1. N.	E CASE NO. IAME OF DECEASED De or Print) Genti	rude A. Luebeck	2. DATE AND HOUR OF DEATH September 17,	1966 11:45 A			
3. P	PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceased fived. If				
H	FULL NAME OF (If not in hospi HOSPITAL OR oddress or loca NSTITUTION	tol or institution, give street ition)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
0	3428 Levertor	n Avenue	D. STREET ADDRESS (If rurol, give locotion) 3428 Leventon Avenue				
5. S	Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi			
done	e during most of working lite, even if retire		TRY 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13.	Housewife FATHERS NAME George Gundel		14. MOTHER'S MAIDEN NAME Annie unknown				
Yes	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wor or	Forces? dotes of service) 16. SOCIAL SECURITY NO. Wone	Herman H. Luebeck 3428	Leventon Ave.			
	THE CAUSE OF DEATH INTERVAL ONSET AN						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Arterizaclerosic C.V.D. DUE TO						
	ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the obove couse (UNDERLYING CONDITION lost,	if any, giving					
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT F DISEASE OR CONDITION CAUSIN	S CONTRIBUTING RELATED TO THE POS	sible Carcinoma of 87 mas	ch			
CERTIFICA		CONDITION FOR WHICH OPERATION PERFORMED		FINDINGS CONSIDERED AUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21B. PLACE OF INJURY (e home, form, loctory, stree etc.)	.g., in or about 21 C. WHERE DID (If in Boltime t, office bidg., INJURY OCCUR?	ore City, give exoct locotion)			
_	21 D. TIME (Month) (Dov) (Y		21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from San 15, 19 42 to Sept. 17, 19 6. A that (I) (we) lost sow the deceased alive on Sept. 12, 19 66 and that in (my) (wer) apinion death occurred on the control of the c						
	ond hour and from the causes stated above. (1) (44) (did) (did) view the body ofter death.						
	23A. SIGNATURE			23B. DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type)	Yantini M.D.	Attending Med. Stoff Phys. 23D. ADDRESS	9-19-66			
	JOHN COS	INI NI INI	1.0. 234 S, CONKLING	ST. BALTO, M.			
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 9/20	1966 Oak Lawn Cen	0 1	City, town, or county) (St Maryland			
254	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	SEP 20 198	6 Robert E. Farley M	John A. Moran Inc. 3000	E. Baltimore St.			

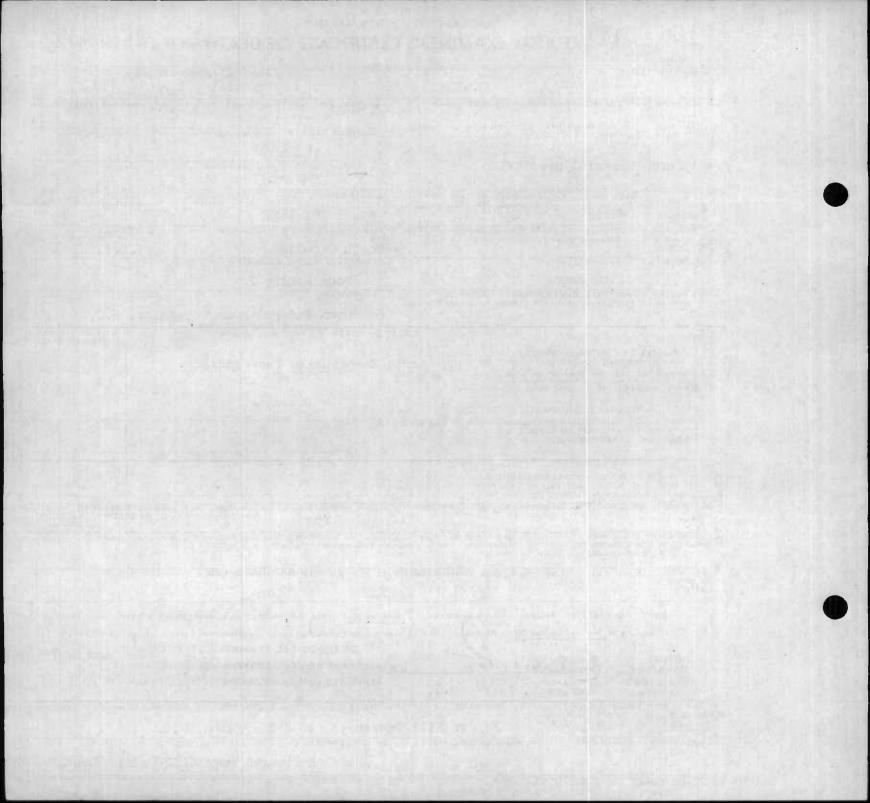


	66 09434	BALTIMORE CITY	HEALTH DEPARTMENT		66 09434		
	TH NO,	CERTIFICA	TE OF DEATH	Registered Na	33 00101		
1.1	E CASE NO.		2. DATE AN	ND HOUR OF DEATH			
	STADTER, BER	NARD L.		18-66	4:30 P M.		
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give oddress or locotion)	e street	MARYLAND	ITY	titution: residence before admission)		
	HOSPITAL OR oddress or lacotion) NSTITUTION		BALTIMORE		JRAL and give township)		
47	ST. AGNES HOSPIT	Λ1	D. STREET ADDRESS (If rurol, give locotion)				
	ST. AGNES HOSFIT	M-L	128 NORTH	LUZERNE AV	E.		
11		EVER MARRIED DIVORCED (specify) MARRIED	6/10/ 08	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
		WHOLESALES	MARYLAND		U.S.A.		
13.	FATHER'S NAME		4. MOTHER'S MAIDEN NA				
	MARTIN STADTER		KATHERINE				
(Y e	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dotes of service)	6. SOCIAL 2. SECURITY NO 8866	ST. AGNES HOS	AVE. BALTO P. RECORDS	, CATON & WIL-		
	18.4 22, 11	CAUSE OF	DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.	traceresvel le vioselevotre de de se a sa	·			
	(This does not mean the mode of dying, e.g.,	DUE TO	1000616 2850/ /2	emorranje	550 0 00 00 0.000 0 50 0 000 0 0 0 0 0 0 0 0 0 0 0		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	11	. 10 1=	1.	/		
	ANTECEDENT CAUSES	(B) -11/e	WIDE (EXDICE)	Cer. (W Jee !			
	DISEASES OR CONDITIONS, if ony, giving	DOE 10	de se in La	4			
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)					
	II						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?		
CALC	OR CONTRIBUTING CAUSE OF home, etc.)	LACE OF INJURY (e.g., in lorm, foctory, street, off	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)		
MEDI	OF INJURY	NJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?			
2	(APPROX.) While Work	At Not While					
	22. I certify that (*) (this hospital) attended the	deceosed from	9-18	1966 ta	9-18 19 66		
	thor () (we) lost saw the deceased alive an ond haur and from the causes stated above, ()	9-18	196.6and th				
	23A. SIGNATURE				23B. DATE SIGNED		
	falls of will	M.D. Atter	nding Med.	Stoff Phys.	9-18-66		
	DR. PABLO DIBOS	2	ST. AGNES HOS		ENS & CATON AV		
24/	A. BURIAL CREMATION, 24B. DATE 24C.NAN	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, lown, or county) (Stole)		
		u Redeemen 1	emeteru Ba	Itimone Mi	nuland		
25/	Burial 9/21/66 Hol A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF SEP 20 1966 Policy	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS		
	SEP 20 1966 12 Cas	E. Stabbay MA	John H. Moran	Inc. 3000	Balto. St.		
VS	150-REV. 1/1/65						

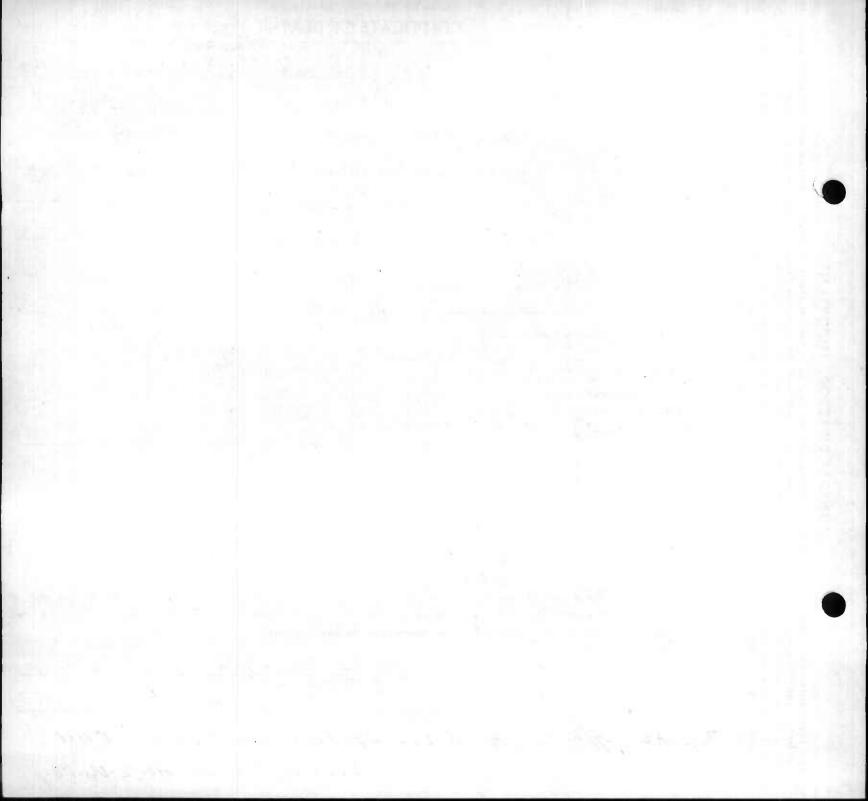
. THE TAX SOLUTION OF THE SECOND SECOND

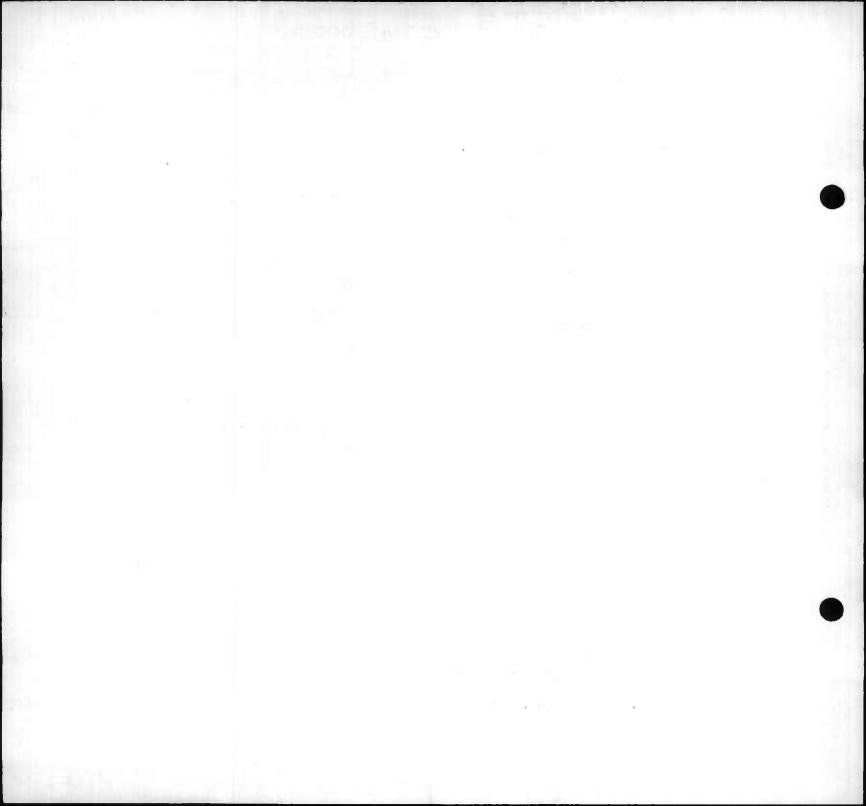
THE CARL OF COMMENT OF STREET AND SECURITIES OF THE STREET, AND

66	00435		BALTIMORE CITY HEA	LTH DEPARTMEN	IT		66	0943	
BIRTH NO.	09435 MEDI	CAL EX	CAMINER'S	CERTIFICA	TE OF I	DEATH Registe	ered No	OUTO)
M.E. CASE NO.									
1. NAME OF DE	ERA		SLACUM			mber 14, 19		5:00	P
. PLACE IN BAL	TIMORE MARYLAND, W					deceased lived. If ins	titution: resi	idence before oc	M missio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		ryland				
HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	(NOIT)			_	e corporate limits, write	e RURAL O	and give townsh	(p)
H Unio	on Memorial Ho	spital		D. STREET ADD	ltimore RESS (If rurol,		1-6		
Onic	I IIOMOLIGE IIO	-FIDGE				Paul Street			
5. SEX Female	6. RACE White		NEVER MARRIED DIVORCED(specify) 10d	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Unde Months	T Yr. If Under Doys Hours	24 Hi Min.
At home	CUPATION (Give kind of work f working life, even if retired)	OB. KIND OI	BUSINESS OR INDUST	North Car	olina		WHA	S.A.	
3. FATHER'S NA				14. MOTHER'S M					
5. WAS DECEAS	Patrick Moone		16. SO CIAL	Grace 17. INFORMANT	Louise	?	ADDRES	5	
	(If yes, give wor or dote		SECURITY NO.		Famore	Homo Monas			
118,	40		0.411		r uneral	L Home Morga	, 110011	INTERVAL BE	TWEEN
0.6	7,01		CAUS	E OF DEATH				ONSET AND	
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Acut	e Hemorrha	gic Pan	creatitis.			
(This does heart foilur	not meon the mode of e, osthenio, etc. It meons	dying, e.g., the discose,	DUE TO						
injury or co	omplication which coused	deoth.)							
	OR CONDITIONS, IF A		· (B)		010000				
RISE TO T	HE ABOVE CAUSE (A) S' ING CONDITION LAST,	TATING THE	DOE 10						
			(C)						
O TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T							
-	OF OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY Ye		20B. IF YES, WERE FI		EATH?	es
UNDERLYING	AL CAUSE WAS OF CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJUR	VHERE DID	(If in Boltimore City, g	ive exoct l		
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT	WHILE WORK	ILNI DID WO	URY OCCUR?		Te.	
22. I ce	ertify that I held on I	nquiry 🗌			d that on th	is bosis, deoth in i	my opinio	on	
	ulted from: Natural co		Accident Suici			Undetermined mann			
	0/		1/-			KAMINER [DATE SIG	NED
SIGNA		ute)	Very M.	D. ASSISTANT M	EDICAL EX	XAMINER X		9/15/66	
	NER'S Chamles	s S. Pet	ty, M.D.	ASSOCIATE N				3/13/00	
23A. BURIAL CR	REMATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
Burial	9/15/66	F	orest Hill C	emetery	Mo	organton, N.	C.		
24A. DATE REC'I	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR			ADDRESS	
	250 DA 1500	00 1	S. Falley P. A.	Ullric	h Funer	al Home 421	O Bela	air Road	•
VS 151-REV. 1/1	1/85/1	The state of		000	E '9 C'	3			
					- 111111	and the second			

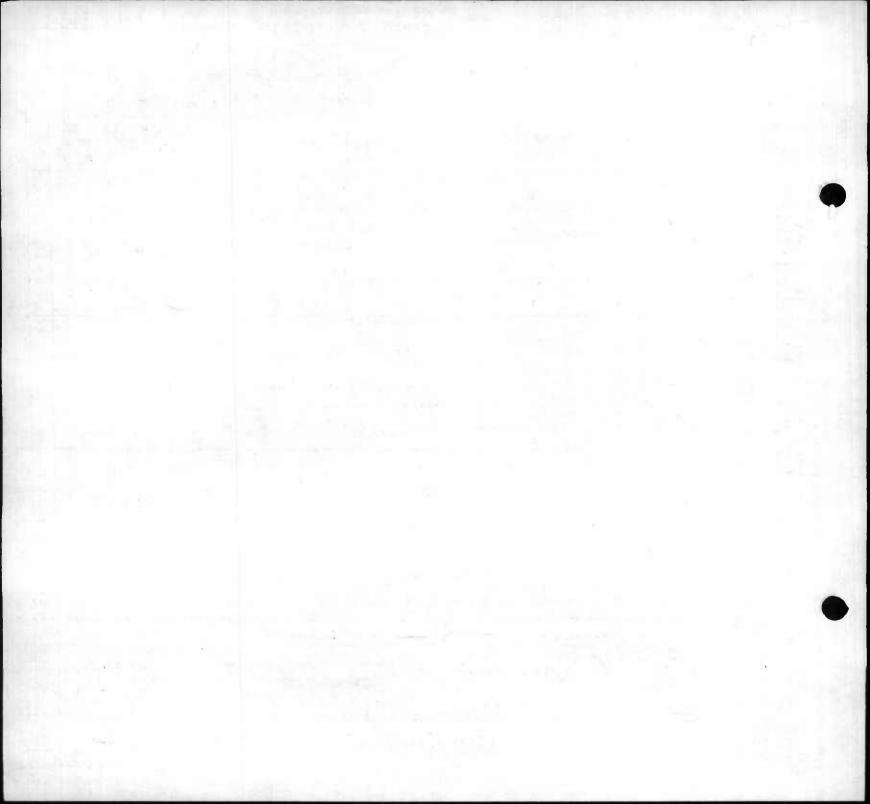


	66 09436	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 00400	
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	66 09436	
	E. CASE NO. NAME OF DECEASED		2, DATE ANI	HOUR OF DEATH		
(Ту	pe or Print) Henry A. Tuh	04		5-1966	111:55	P
3.	PLACE OF DEATH IN SALTIMORE, MARYLAND	- 7 C	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odm	ission)
	FILL MANAGOE OF the baseled as institution of		11 2 m a / 2md	1	12001	
Ma	FULL NAME OF (If not in hospital or institution, 9 HOSPITAL OR oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)	
		1 astrital	Baltimore	Zoue à	, may	20
//	forth Charles General la	LO 3/01/00		rol, give location)		
			41 Yorke V	VaV		
5.		NEVER MARRIED D. DIVORCED (specify)		AG (In years	If Under 1 Yr. If Under 2 Months Doys Hours	4 Hrs.
	uale white Ma	rried	4-4-1899	67	TV.OIIIIS DOYS TIOOIS	V 11110
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?	
00	Retimed WEIDER SHI	PYARD	Ohio		11.5.4	
13.	FATHER'S NAME	/ ////	14, MOTHER'S MAIDEN NAM	E	VISIA	
	Andrew Kili		R- 1/-	1.11		
15	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Dertha 17. INFORMANT	Gillie	ADDRESS	
(Ye	s,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		- 1 1		2 /
	Yes	219-05-040	7 Eunice	F. KUhn	41 York Way	82/10
	18. 16 3× 1	CAUSE OF	DEATH		INTERVAL BETWEEN	.H
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	20	0.00		
	(This does not mean the mode of dying, e.g.,	(A)	ung Caneer,	undifferen	Titled	
	heart failure, asthenio, etc. It means the disease, injury at camplication which caused death.)		V.			
	ANTECEDENT CAUSES	(B)				
		DUE TO		### ##################################		H + + H + O + O + O + O + O + O + O + O
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the	(C)				
	UNDERLYING CONDITION last.	***************************************	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	\$ \$ ³⁷ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
z	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E				
CA	19A. DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES WERE	FINDINGS CONSIDERED	
CERTIFIC	WAS PERFORMED		110	IN CERTIFYING CA	USES OF DEATH?	
S	21 A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct location)	
¥	OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examiner)		fice bldg., INJURY OCCUR?			
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
×	OF INJURY	le At Not While				
	Wot				. # /	11
	22. I certify that M (this hospital) ottended th	_ 1 /	eptember 5 19	66 10 dy	stember 15 19	56
V.	that (1) (s) lost sow the deceased alive an	Jep remises 15	196_6ond tha	t in (my) (🏎 opi	nian death occurred on th	e dote
	ond hour and from the couses stated above. (†) (did) (did=161) v	iew the body ofter deoth.			
	23A. SIGNATURE				23B. DATE SIGNED	
	Clour Hordy	M.D. Atte	nding Med. Director	hy s.	September 15 1	1961
	23C. PHTSICIAN'S NAME (Type)	1	23D. ADDRESS		7	
	A. Goldina	M.D.	Math Change	n Hones	108 -28	·Th
24		ME of CEMETERY OF CRE	MATORY 24D O	CATION (C	ity, town, or county) (S	tote)
Z	2 - 11 0/10/1/	115011115	MEMARIE	ALLEC ALL	0410	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME O	OF REGISTRAR	MEMORIAL ZI	INES VILL	ADDRESS	
	0.0 1000 0.0 0.0	Q . T. 17. 45	11/1/2 = 1. =	110/201	Manne har no	, , ,
V.	150-REV. 1/186P 2.0 1065 (12.0)	Z. ATCHASEOFWA	ULLRICH F	UNUILAL !	HOME-DUNDA	UK
+ 3	.55	0 0	2 4 0 0		/	110





	Washington D.C.	BALTIMORE CITY	Y HEALTH DEPARTMENT		CC 110420
-	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	66 09438
	M.E. CASE NO. I, NAME OF DECEASED		2 DATE ANI	D HOUR OF DEATH	
	(Type or Print) ANDRE FRANKLIN		9/12	1	Putter 1
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admission)
			MARY LAND,		
	FULL NAME OF (If not in hospital or institution, give oddress or location)	street	C. CITY OR TOWN (If outs	ALTIMON	URAL ond give township)
1	INSTITUTION		OWINIS Mi		RTYLANDE
ď	UNIVERSITY HOSPITAL		D. STREET ADDRESS (If re	urol, give location) (R	OSE WOOD)
			Reistery Town	v RV- C	Tuings mills M.D.
	5. SEX 6. RACE 7. MARRIED, NEV		8. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Negro Neven M	VORCED (specify)	6/16/60	6	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	Resignit Rotewood, NON.	e	WASHING TON	DC.	WHAT COUNTRY?
	13. FATHERS NAME		14. MOTHERS MAIDEN NAM	AE GRAKLE	JAIT CT CO. JUV. AT.
1	ANDREW FRANKLIN		SYlviA TAYL	on - Luci	116 FRANICLIA JACIESON
		SOCIAL SECURITY NO.	17. INFORMANT		17 GUARAVE
			SEITLER M.D.	PUTAL	Heights 925-2796
	18./	CAUSE C	F DEATH		INTERVAL BETWEEN
,	DISEASE OR CONDITION DIRECTLY	^			ONSET AND DEATH
	LEADING TO DEATH	(A) PEN	21TONITIS	Generali	24
	(This does not mean the mode of dying, e.g., heart foiluse, osthenia, etc. 11 means the disease,	DUE TO			
	injuly of complication which caused death.)	Perf	disting sowel	(Folkiegate	dies)
	ANTECEDENT CAUSES	DUE TO	2 iTon 17 is	/A/A/A	
	DISEASES OR CONDITIONS, if any, giving	(C)			
3	UNDERLYING CONDITION last.	(0)		366 5 5 5 6 6 6 6 6 6 5 6 6 6 6 6 6 6 6	
	11				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	DISEASE OR CONDITION CAUSING IT.		120 A		
	194. Date of OPERATION 198. CONDITION FOR WHICH		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	ISES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	- BOWLIS	in or obout 21 C. WHERE DID	(If in Soltimore	City, give exact location)
	, OR CONTRIBUTING CAUSE OF home, for	orm, loctory, street, o	ffice bldg., INJURY OCCUR?	0 -	
	nan 6	URY OCCURRED	21F. HOW DID INJU	INV OCCUM	
	₩ OF INJURY	Who W Bat Whi		n occok:	
,	(APPROX.) NUNE Work	At Work	1 ,00	ve.	1
	22. I certify that (this hospital) attended the d	eceosed from		966 10 9	12 19 66,
	that (we) lost sow the deceased alive on	9,17	19 66 ond the	of in (www) (our) opin	ion death occurred on the date
	and hour and from the causes stated above. (#)	e) ((() (()) () () ()	view the body ofter death.		
2	23A. SIGNATURE				23B. DATE SIGNED
	Blent (Jander	M.D. Att		Stoff Phys.	9/12/66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		BALTIMORE MAKYLING
	BRENT C. SANDER	2 (M.D.	137 NORTH	BEND 1	OAD 20
1	24A. SURLAY CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county) (State)
	9-19-66 (Inl	matin 7	lat 1	2 Sancator	- 1/a
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	EGISTIAR	2SC. FUNERAL DIRECTOR	Millian	ADDRESS
	orn 20 1055 0 0 1/5	Q Fallent	Puitst M. S. H M	TON AND SO	NS WAIHING TON N.E
	VS 150-REV. 1/1/65	SEAT CONTRACTOR		7 00	אין דעווונדען ייי

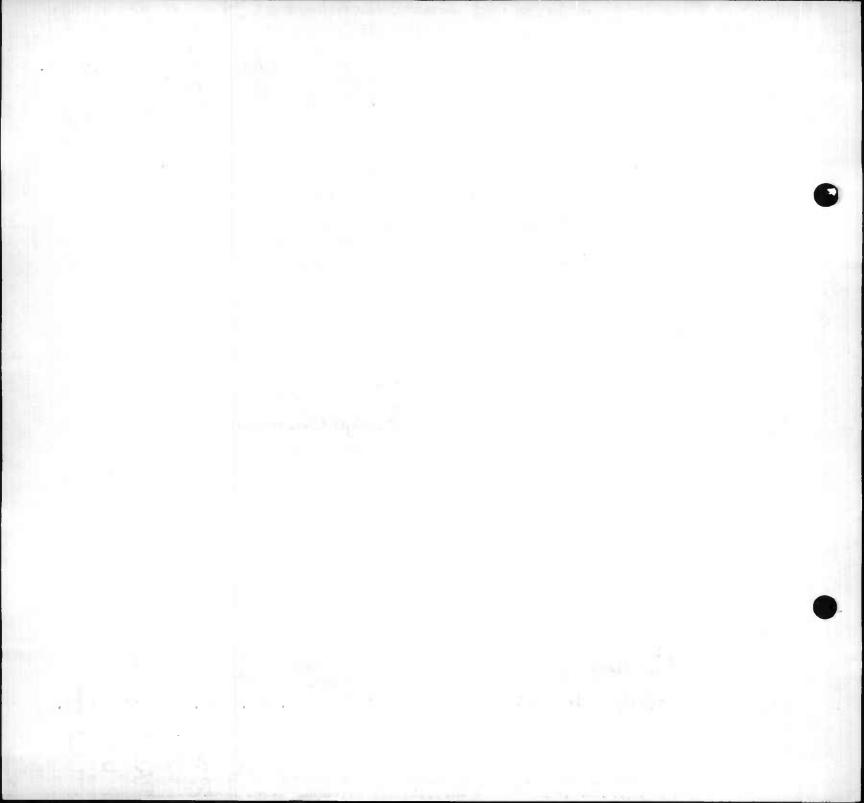


	00.00400		HEALTH DEPARTMENT		CC 00400
	TH NO. 66 09439 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66 09439
1. N (Ty	pe ar Print)	PEKAR	9-11	D HOUR OF DEATH	3:00 PM
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUN	TY	stitution: residence before odmission)
	FULL NAME OF (If nat in haspital of oddress or location NSTITUTION	or institution, give street	C. CITY OR TOWN III QUE	side city limits, write R	RURAL ond give township)
			BOUTINGS OF	Tural, give locotian)	
7	UNION MEMO	WAL HOSPITAL		spon RD.	
	M 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	及-20-99	9. AGE (In years lost birthdes)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	. USUAL OCCUPATION (Give kind of work e during most af warking life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
	HIEF WINE STEWART	HOTEL	COLOR MARY		USIA
	FATHERS NAME MICHAEL PEK	Am	14. MOTHER'S MAIDEN WAN	CZAMSK?	7
	Was Deceased Ever in U. S. Armed Fore	ces? 16, SOCIAL	17. INFORMANT		ADDRESS
	No -		modern Esler	- 434 Ran	In Road.
	18. 4 d 0 1 1 1	CAUSE C			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	MOVETE BOART	Brock	ONSET AND DEATH
	(This does not mean the mode of	dying, e.g., DUE TO			
	heart failure, asthenia, etc. It means injury or complication which caused	the disease, death.)	ocally DIAS TUFA	- A DV TO H	
	ANTECEDENT CAUSES	(B) DUE TO	OCHIN MAD INTA	INCHA! 100	
	DISEASES OR CONDITIONS, if	any, giving	atendoscienatic c	U DISEASE	100
	UNDERLYING CONDITION last.	slaling the (C)			
	11				
	OTHER SIGNIFICANT CONDITIONS C	TED TO THE			
() にいいつ		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.		
	O WAS PERF			IN CERTIFYING CAL	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ш	21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
٤	(APPROX)	While At Not Whi	le 🗌		
	22. I certify that (I) (this hospital			9 ta	19
	that (I) (we) last saw the decease				
	and haur and fram the causes stat	ed abave. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	1 1			23B. DATE SIGNED
	talburto	he perpolle M.D. AH	ending Med. Director	Stoff Phy s.	9-15-66
	23C. PHYSICIAN'S NAME (Type)	100	23 D. ADDRESS		
	FUUBENTO G	. G020, J19, M.D.	UMON WEND	WIAZ HOS	8
24/	REMOVAL (Spenity)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	ly, lown, or county) (Stote)
	Bureal 9-19-1	St. Flanisla	us Cem. L	Gille.	med.
5/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	n un	ADDRESS L. O
		A CO O Tall WI	Levelan (some	secol The	(ilon will / Pox.

-19-6 9-1 DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE Rest E. Falura

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	66 09440	BALTIMORE CITY	TE OF DEATH Registers	d No. OO DOAAO			
M.E.	CASE NO.	CERTIFICA	AL OF DEATH	00 00330			
	AME OF DECEASED		2. DATE AND HOUR OF				
2 0	Anton Uhl LACE OF DEATH IN BALTIMORE, MARYLANI		9/18/66 4. USUAL RESIDENCE (Where deceased five	11:40 p.			
3. 11	THE OF BEATT IN BALLIMORS MARIEN		A. STATE B. COUNTY	ed. II institution: lesidence before barnis			
	ULL NAME OF (If not in hospital or institution) OSPITAL OR address or location)	lution, give street	Maryland				
	ASTITUTION		C. CITY OR TOWN (If outside city limits	, write RURAL and give township)			
2			Baltimore	dies)			
-			D. STREET ADDRESS (If rurol, give location)				
5. SE	South Baltimore General	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	alto. City ors If Under 1 Yr If Under 24			
	WIL	DOWED, DIVORCED (specify)	3/23/1894	Months Doys Hours M			
10À.	USUAL OCCUPATION (Give kind of work 108. KI			12. CITIZEN OF			
	Retired	of Heghways.	Humgmay	WHAT COUNTRY?			
13. F	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME				
	Nicholas	021	Teach				
15. V	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
ites,	,no or unknown) (III yes, give wor or dotes of se	rvice) SECURITY NO.	Famely -	du me			
	18.44.50101	CAUSE O	DE DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	1.1.	A A I	ONSET AND DEATH			
	LEADING TO DEATH	(A) Left	lower loke preumonia 2 l	ronchi.			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		TUR				
	injuly or camplication which coused deoth.	· Oa.	to testing lind.				
	ANTECEDENT CAUSES	(B) Jan	Truntestinal bleeding				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	(B) (A) DUE TO	trontestinal bluding				
	ANTECEDENT CAUSES	(B) (A) DUE TO	trointestinal bluding vershied arteris selesois				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last.	(B) (A) DUE TO	trumbetinal bluding veralized arteris celevosis				
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) slating UNDERLYING CONDITION last.	giving (C) Gen	troutestinal bluding vershield arteris sclerosis				
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) slating UNDERLYING CONDITION last.	giving (C) Gen	trointestinal bluding erabzid arteris selessis				
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving giving Gihe (B) (C) (C) (C) (C) (C) (C) (D) (C) (D) (D	IN CERTIFYI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?			
ERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating underlying condition last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving giving Gibe (C) GUI BUTING THE FOR WHICH OPERATION	NO IN CERTIFY	NG CAUSES OF DEATH?			
L CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating underlying Condition last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF	giving gille (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., ihome, form, foctory, street, o	NO IN CERTIFYI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?			
CAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) slating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFORMED TO THE PROPERTY OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving giving gihe (C) BUTING TO THE FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	NO IN CERTIFYI in or about 21C. WHERE DID (If in INJURY OCCUR?	NG CAUSES OF DEATH?			
CAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating underlying Condition last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF	giving g lhe (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, one etc.)	IN CERTIFYI in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	NG CAUSES OF DEATH?			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating underlying condition tast. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORME! 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving giving gihe (C) BUTING TO THE FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	IN CERTIFYI in or obout 21C. WHERE DID (If in MI) WHY OCCUR? 21F. HOW DID INJURY OCCUR?	NG CAUSES OF DEATH?			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating underlying Condition last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving gille (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., interpretation of the content of the conten	IN CERTIFYI in or obout 21C. WHERE DID (If in ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	NG CAUSES OF DEATH? Boltimore City, give exact location)			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.)	giving giving gihe (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) 218. INJURY OCCURRED While At Not White At Work At Work Anded the deceosed from	NO IN CERTIFYI in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, itse to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)	giving Gi	NO IN CERTIFYI in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Boltimore City, give exect locotion)			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (House of INJURY (APPROX.) 22. I certify that XXX (this hospital) after that (1) (we) last sow the deceosed aliverand hour and fram the causes stoted above and hour and fram the causes stoted above the course of the course of the causes stoted above the course of the course of the causes stoted above the cause of the causes stoted above the cause of the cause	giving Gi	NO IN CERTIFYI in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Baltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.) 22. I certify that XXX (this hospital) after that (1x) (we) last sow the deceosed alive and hour and fram the causes stoted above 123A. SIGNATURE	giving giving giving Gibe (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While Work Not While At Not While At Work Anded the deceosed from ave. (I) (We) (did) (did not) M.D. Att	IN CERTIFYI in or obout 21C. WHERE DID (If in MINJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to 19 and that in (my) (o view the body after death.	Baltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year) (Hour CAPPROX.) 22. I certify that TO (this hospital) after that (12 (we) last sow the deceased alive and hour and from the causes stoted above the course of the causes stoted above the cause stote	giving giving gille (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., interpretation of the control of the	IN CERTIFYI In or about 21C. WHERE DID Inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Baltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) (House of Injury (APPROX.) 22. I certify that (this hospital) attention that (12 (we) last sow the deceosed alive and hour and from the causes stoted above 23A. SIGNATURE	giving Gi	NO IN CERTIFYI In or obout 21C. WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to 1	Baltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.) 22. I certify that XXX (this hospital) after that (1/2) (we) last sow the deceosed alivery and hour and fram the causes stoted above 23A. SIGNATURE 23C. PHYSICIAN'S	giving Gi	NO IN CERTIFYI In or obout 21C. WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to 1	Baltimore City, give exact location) 9/18/66			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) (House of Injury (APPROX.) 22. I certify that Contribution that (12 (we) last sow the deceosed alive and hour and from the causes stoted above the couse of the couse stoted above the couse stoted above the couse of the couse stoted above the couse stoted a	giving Gi	NO IN CERTIFYI in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 9/11/66	Boltimore City, give exect locotion) 9/18/66 19 ur) apinion deoth occurred an the 238 DATE SIGNED 9/19/66 - 1213 Light St.			
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) slating underlying Condition last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19-A. DATE OF OPERATION 19-B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21-A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21-D. TIME (Month) (Doy) (Year) (House of Injury (APPROX.) 22. I certify that XIX (this hospital) attention that (1) (we) last sow the deceosed alive and hour and fram the causes stoted above the couse of the couse stoted above the couse of the couse stoted above t	giving giving gile (C) BUTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) Although (in home, form, foctory, street, onetc.)	NO IN CERTIFYI in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 9/11/66	Boltimore City, give exoct locotion) 9/18/66			
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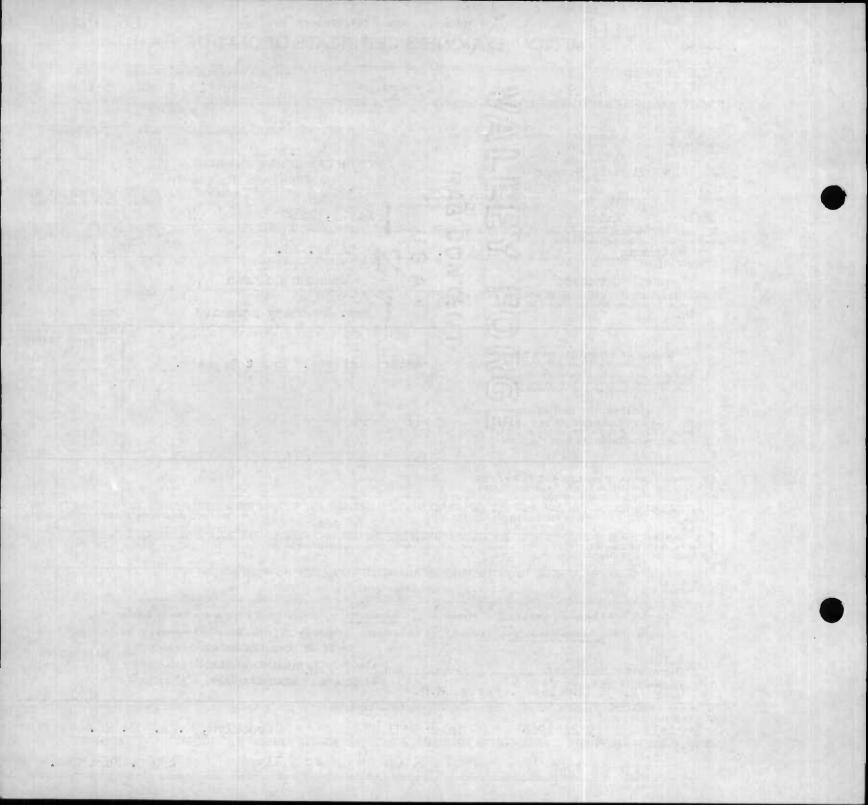
B-66 09441

BALTIMORE CITY HEALTH DEPARTMENT

66 09441

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.__ 66 09441

M,	E CASE NO.								
1. (Ty	NAME OF DECEAS						ID HOUR PRONOUNC		00 -
		LOUIS	L.	BURN			tember 17, 1	لنكا إليج النائجة	:00 P M.
3.	LACE IN BALTIMO	ORE, MARYLAND, V	HERE PRONOU	INCED DEAD	A. STATE	aryland	deceased lived. If ins	JNTY residence	before odmission
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET			le corporote limits, write	e RURAL ond gi	ve township)
IN:	TITUTION	ADDRESS ON LOC	A 11014/			altimore			
	1.26 0	1 11 00			D. STREET ADD				
	436 Gr1	ndall Stre	et				lall Street		
5. 5	EX 6. R	ACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years		r. If Under 24 His.
1	Male	White	WIDOWED	DIVOICED (specify)	May 3,	1912	lost birthdoy)	Months, Doys	Hours Min.
			k TOB. KIND OF	BUSINESS OR INDUSTR				12. CITIZEN O	
don	e during most of works Watchma	ng life, even if retired)	Poi	nt Co.	Balto	. Md.		WHAT CO	
13.	FATHER'S NAME	11	1 1 1 1	.110 00 •	14. MOTHER'S A		Ē	0 2	A
h	Joseph	Bernhard			Unkn	own Unk	nown		
	WAS DECEASED E	VER IN U.S. ARME		16. SOCIAL	17. INFORMANT			ADDRESS	7 22 - 7
(Ye	NO NO	yes, give wor or dot	es of service)	SECURITY NO.	Mrs. Ro	semary 1	Bernhard	Sam	ne
	1B,	0.		CAUS	E OF DEATH				ERVAL BETWEEN
	DISEASE O	OR CONDITION D	IRECTLY					ON	SET AND DEATH
	LE	ADING TO DEAT	Н		riosclerot	tic Hear	t Disease.		
	heort foilure, ost	meon the mode o henio, etc. It meon totion which coused	s the discose,	DUE TO					
	ANIT	ECENDENT CAUS	E¢					A STATE	
		CONDITIONS, IF		(B)	**************************************				
		CONDITION LAST.							
Z				(C)			**********		. ********************
CERTIFICATION		11							
0	TO THE DEA	CANT CONDITIONS ATH BUT NOT R	LATED TO T					7.6	
RTIF	19A. DATE OF OP	ONDITION CAUSIN		WHICH OPERATION	20A AUTORS	V2 (Vac at Na)	208. IF YES, WERE FI	NDINGS CONSI	IDERED
CE	7		RFORMED	THICH OF EXAMINITY	Yes	1: (165 01 140)	IN CERTIFYING CAU		
AL	21A. EXTERNAL C.		21 B.	PLACE OF INJURY (e.g.,		WHERE DID	(If in Boltimore City, gr	ive exoct locatio	
EDIC	UNDERLYING OR		home, etc.)	form, foctory, street,	office bldg., INJUR	RY OCCUR?			
Σ		ionth) (Doy) (Yes	or) (Hourl 2	E INJURY OCCURRED	21 F. H	IOM DID INJ	URY OCCUR?		
	(APPROX.)		m. W	HILE AT NOT	WHILE WHILE				
	22. I certify	that I held an	Inquiry 🗌	Inspection Au	tapsy x ar	nd that an th	Is basis, death In i	ny apinian	
	resulted	fram: Natural co	uses 🔀 A	coldent Suicio			Undetermined mann	er 🗌	
	ACTUAL		/	11-		MEDICAL EX		D,	ATE SIGNED
	SIGNATUR	EUI	nacter!	Taly M.D	ASSISTANT A			9/18/	66
	EXAMINER NAME (Typ		es S. Pe	tty, M.D.	ASSOCIATE I	MEDICAL E	XAMINER	7/10/	00
	BURIAL CREMA		230	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or county	y) (Stote)
KE	Burial	9 21 1	966	Cedar Hill		Bro	ooklyn, A. A	Go. Mc	1.
24/	A. DATE REC'D BY			OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDR	
	A best	P 2.0 1966	000	9 Fredoma		c Cully		30 E. For	et. Arro-
	GE.	7 7 11 14hh	(60 1/ 08	T. SICIALIONE WAT		J		TO TOT	0 11 100

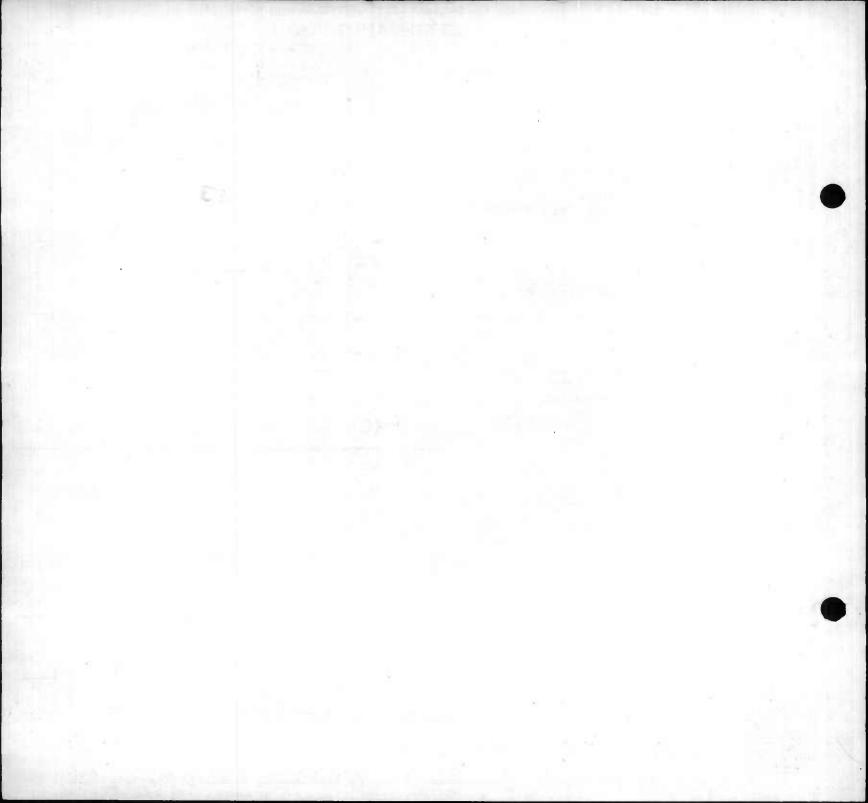


	00 00 11		BALTIMORE CIT	Y HEALTH DE	PARTMENT		00 00	1126
BIRTH NO.	66 0944	2	CERTIFIC	ATE OF	DEATH	Registered No.	. 66 08	1442
1. NAME OF (Type or Print)	DECEASED	M.	Niglia		2. DATE AN	D HOUR OF DEATH	1	8.3. A
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	Company	4. USUAL RI	B. COUN	e deceased lived. If	institution; residence	ce before odmission)
FULL NAA HOSPITAL INSTITUTIO	OR oddress or locatio		: street	C. CITY OR		side city limits, write	RURAL ond give	township)
Unio	with Hosp	1-01		D. STREET A		rurol, give location)	(23)	
5. SEX	6. RACE	7. MARRIED, NE WIDOWED, I	EVER MARRIED DIVORCED (specify)	B. DATE OF E	IRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
done during mo	OCCUPATION (Give kind of world st of working life, even if retired)	10B, KIND OF BU	JSINESS OR INDUSTI	~~	CE (State or forei	gn country)	12. CITIZEN O	DUNTRY?
13. FATHER'S	NAME INIC CERNIGINA			14. MOTHER	VIER C	ME	Series	75.6
	osed Ever in U. S. Armed For nown) (If yes, give wor or dote		SECURITY NO.	17. INFORMA	Fam	114	ADD	RESS
18.5	40111		CAUSE	OF DEATH				VAL BETWEEN T AND DEATH
DI	SEASE OR CONDITION DI	RECTLY	6	and who	10 P	. () 111.		AND DEATH
	es not mean the mode of lute, asthenia, etc. It means		DUE TO	C C I T M I T I	s × 16	extended Ulc	k.j.	Deg.
injury or	complication which coused		(8) 5	ptic SI	reck 2º	Α.	2	Donas
DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, if							7
rise lo	the above couse (A)		(c) H	Lute Re:	VAL FAI	ure	9	L4hu.
E TO TH	II SIGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING	TED TO THE						
1.3	E OF PERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTO	PSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONS	SIDERED
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21B. PL home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	, in a about 27C. office bldg., INJU	WHERE DID	(If in Boltimo	re City, give exoc	:t locotion)
OF INJUI	RY	(Hour) 21E, IN While Work	At Not Wo	nile 🗀	HOW DID INJ	URY OCCUR?		
22. I cer	tify that (1) (this hospital			9/14		9 C 6 to	9/18	19 66
that (I) ((we) last sow the decease	d olive on	9/18	19 6	G	ot in (my) (out) op		
ond hou	ond from the couses sto	red obove. (I)	We) (did) (did-not)	view the body	ofter deoth.		23 B. DATE SIGI	NED
1	me M letur	6-17	M.D. A	ttending	Med. Director	Stoff Phy s.	9//	8/66
23 C. PHYS	AE (Type)	1. Hudak		23D. ADDRESS	24	7.74	Buth	mel
24A. BURIAL REMOY	CREMATION, 24B. DATE	24C. NAM	E of CEMETERY OF C	REMATORY	24D. LC	OCATION (City, town, or coun	nty) (Stote)
25A. DATE RI	EC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNI	ERAL DIRECTOR	6	selto.	bud,
	0 a 4000 A	0 0 0	2.0 40	04.0	Porsum "	la Du	an 21	alling St

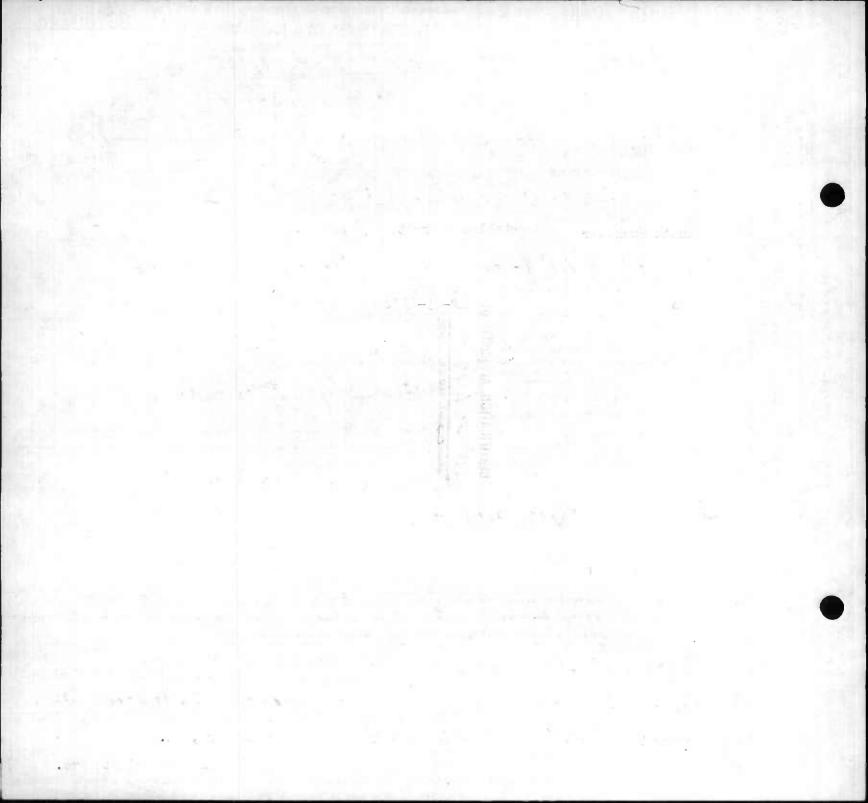
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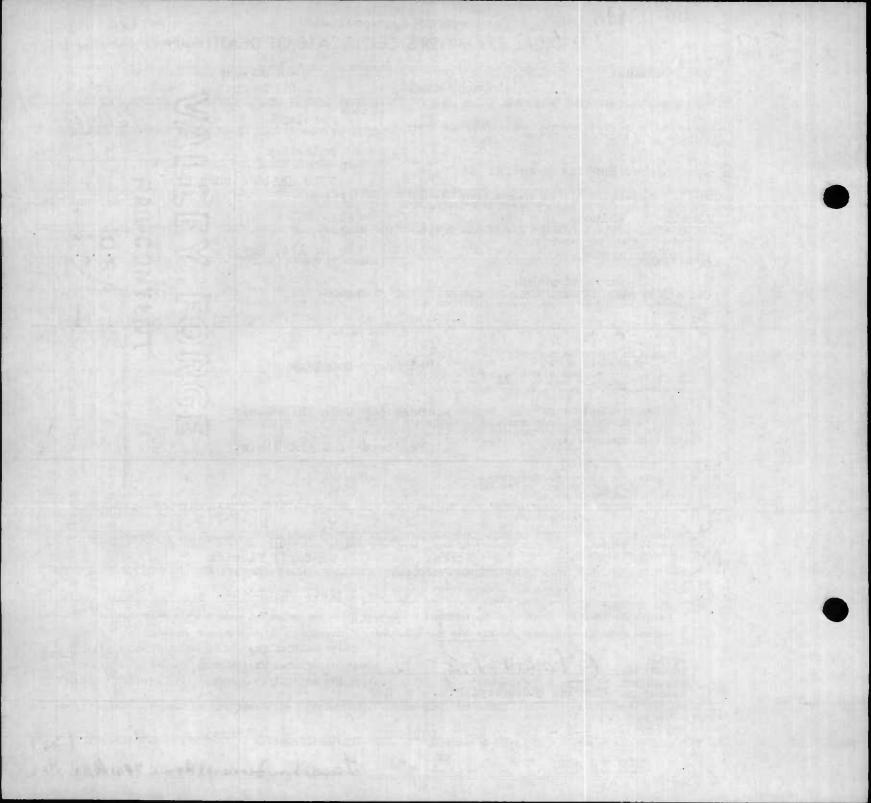
66 09444	BALTIMORE CITY	HEALTH DEPARTMENT		00 00114
WRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	66 09444
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	O HOUR OF CEATH	
(Type or Print) Leo ME	600	9	7-15-66	7:45 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		tron: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION	/		side city limits, write RUR	AL and give township)
marcy Hosp	:tal	BALTIN	nore	11-16
mekey masy	. / / - /	4415 3 Pa	rurol, give location) PK HE15 677	4 ASONUR
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED DIVORCED (specify)		9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. onths; Ooys Hours Min.
M CAUC. NOVER	MARRIED	8-5-1894	73	
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BU		11. BIRTHPLACE (State or forei	gn country) 12	WHAT COUNTRY?
- Control of	es & Fruit	BAltimore.	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Michael Mª Gee		HELEN	HettiNR	P
5. Was Occased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No >	219-05-6672	HOSP.	REC.	
18. 4 20./1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 13	114	0 /	
(This does not meen the mode at dying, e.g.	(A) DUE TO	OCARVIAL -Li	TARCTION	8hRs.
heart foilure, asthenia, etc. It means the disease	13	THE PARTY OF THE P	STATE STATE	
ANTECEDENT CAUSES	S HIB GON	eralized Ar	teriosclerosis	
DISEASES OR CONDITIONS, if any, Giring	OUETO			
rise la the above couse (A) stating the	3 1 (c)	02000 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	500000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYING CONDITION Iasi.	2 4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	311		_	
TO THE DEATH BUT NOT RELATED TO THE	RISPIRAT	on Insit	Exicus/	
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPPRATION	20A. AUTOPSY? (Yes or No		DINGS CONSIDERED
=17-15-66 HUROCLIARH	V11014	yes	145	
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in larm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
DEATH (notify medical examined etc.)				
₩ OF INJURY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX) While Work	At Work	e		
22. I certify that (I) (this hospital) attended the	deceased fram	9-1	19 G. G. to.	9-15 1966
that (I) (we) last saw the deceased alive an	9-15	19 6 6 and the	at in(my) (aur) apinior	death accurred on the date
and have and from the causes stated above. (1) (1	Me) (did) (did nat) v	iew the bady after death.		
23A, SIGNATURE				B. DATE SIGNED
Trank L. Barker		miding Med. Director	Stoff Phys.	9-16-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	// 5 //	
FRANK L. BARHAM	M.D.	Mercy Hospil	Al BAlti	more Mel.
REMOVAL (Specify)	E of CEMETERY OF CRE			own, or county) (State)
Burial 9/19/66 Cathe	dral Cemeter	ry Ba	ltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I	A 400 A	25C2 FUNERAL DIRECTOR	1611 Dami-	AODRESS
SEP 20 1966 R. D. S.	E, tarkey44	& Youndenin	4611 Park	neignts Ave.
VS 150-REV. 1/1/65	1			



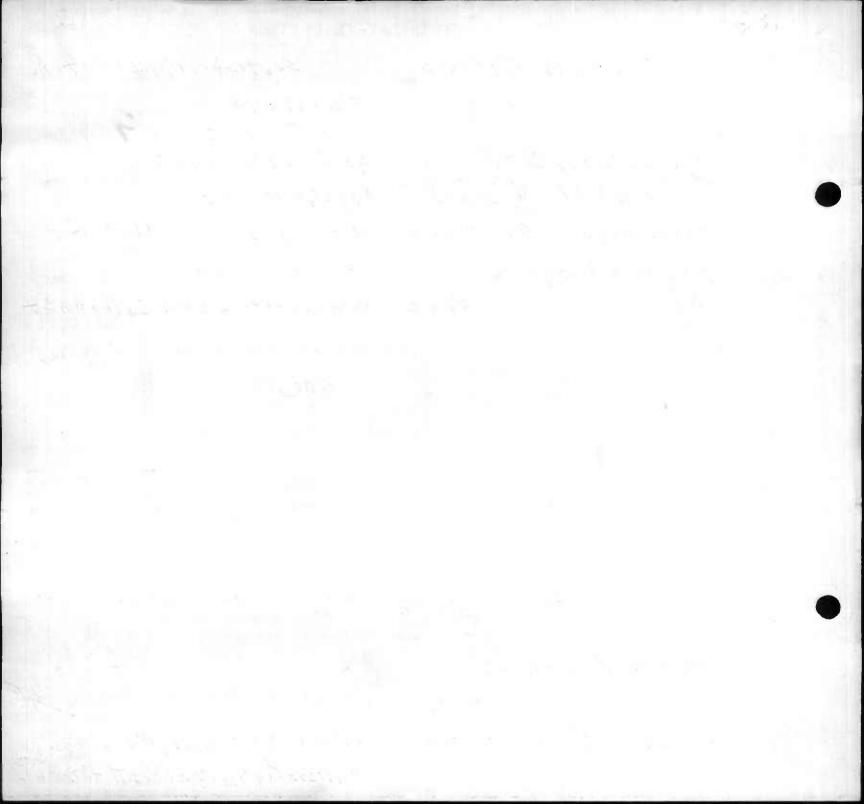
	66 09445		IMORE CITY HEALT				66	09445
BIRTH	NO. ME	DICAL EXA	MINER'S CE	RTIFICA	TE OF D	DEATH Register	red Na	
M.E.	CASE NO.							
	ME OF DECEASED					HOUR PRONOUNCE		
A	NNA FRANCE		LAMBERT			mber 16, 19		5:15 P M.
3. PL	ACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCE	D DEAD	A. STATE		deceosed lived. If insti B. COU	NTY resi	dence before odmission)
FULL	NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION	I, GIVE STREET		yland	corporate limits, write	RIIRAL	nd give township)
HOSP	ITAL OR ADDRESS OR LO	DCATION)				corporote initial	- Comment	
1		22374		D. STREET ADD	timore		1	
0	Franklin Square	Hospital					annd	
5. SEX	6. RACE	7. MARRIED, NEV	FR MARRIED	8. DATE OF BIRT		ngton Boule		1 Yr. If Under 24 Hrs.
		WIDO WED, DIVO	RCED (specify)			9. AGE (In years last birthdoy)		Doys Hours Min.
F€	emale White	Divor	ced	October	15, 189	94 72 71	12. CITIZ	EN OF
done o	furing most of working life, even if retir	ed)	SINESS OK INDUSTRI				WHA	T COUNTRY?
Ret	ired Restaurant &	Hotel Worke	er	Petersb 14. MOTHER'S M	urg. Wes	t Virginia		J S A
	John La	ndia		Mar	y (Unkno	own)		
	AS DECEASED EVER IN U.S. AR	MED FORCES? 16.5	SOCIAL SECURITY NO.	17. INFORMANT	, , ,		ADDRESS	S
	No		3-18-2853A	Edna St	ewart.	1245 Washing	gton E	Blve. Balto 1
	3 104	No.		OF DEATH				INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTIV						ONSET AND DEATH
	LEADING TO DE	ATH	(A) Multip	le Trauma	tic Inj	uries.	= 12	
	(This does not mean the mode heart failure, asthenia, etc. It m	eons the diseose,	DUE TO					
	injury or complication which cous	sed deoth.)						
	ANTECENDENT CA	USES	(R)					
	DISEASES OR CONDITIONS,		DUE TO	-00000				
_	UNDERLYING CONDITION LA		(C)					
Ó-	"		10/					
Y	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING						
ERTIFICATION	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE	.4					*********
CERT	PA. DATE OF OPERATION 198.	CONDITION FOR WHICE PERFORMED	CH OPERATION	20A. AUTOPS		20B. IF YES, WERE FILL		
7 2	A. EXTERNAL CAUSE WAS	21B. PLA	CE OF INJURY (e.g., i	in or obout 21C.	WHERE DID	(If in Boltimore City, gi	ve exoct le	
OU	ING CAUSE OF DEATH.	home, fo	rm, toctory, street, o	thice bldg., INJUR	Y OCCUR?			
~	1D TIME (Month) (Doy)		Street		OW DID INJU	W. of Carr	OTTEO	Avenue
C	FINJURY						auto	
	APPROX.) 9 16	66 P m. WORK	AT W	ORK X PE	edestria	n struck by	auto	•
	1 certify that I held an	Inquiry In	spection Aut	apsy X an	d that an thi	is basis, death in n	ny apinia	n
	resulted fram: Natura	causes Acci	dent X Suicide	e Homic	ide 🗌 👢	Indetermined mann	er 🗌	
		, 7		CHIEF	EDICAL EX	AMINER _		DATE SIGNED
	ACTUAL ()	Carles 1 K	this M.D.	ASSISTANT N	EDICAL EX	AMINER X		9/17/66
	SIGNATURE EXAMINER'S			ASSOCIATE				3/1//00
	NAME (Type) Cha	arles S. Pet						
	BURIAL CREMATION, 23B. DAT	23C. N	AME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
		t 19, 1966	Sunset Memo	rial Parl	c Ne	ar Cumberla	nd,	Md.
24A.	DATE REC'D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNE	RAL DIRECTOR			ADDRESS
	SEP 20 196	5 R.O. B &	. Farley MA	John	J. Hafe	r,230 Balto	Ave.	, Cumberland
VS 1	51-REV. 1/1/65 N 8-6	91226	Q. Q. (1)	0 9 4	1			

alutysiy see, sustraini - many land a entitle to the of a rest of the Stewart Cas maining ton the court . had the common that I wise of Japan doll . I feel to be to be FIRE THE WAY AND THE WAY OF THE PARTY OF THE

/T.	AME OF DEC	EASED				2. DATE AN	HOUR PRONOUN	CED DEAD	
	e or Print)			nbuch		-	mber 16, 19		9:42 P
3. F	LACE IN BALT	IMORE, MARYLANI	D, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived.) If institution: residence before odmission) A. STATE Maryland				
HO	L NAME OF	(IF NOT IN HO ADDRESS OR I	SPITAL OR INSTITUTE	TUTION, GIVE STREET		<i>a</i>	corporate limits, wri	ie RURAL and	give township)
-						timore			5380
1	Jol	hns Hopkin	s Hospita	1	D. STREET ADD		delphia Roa	ad	
5. S	EX	6. RACE		DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
	emale	White	Wi	dowed	6-17-1		85	10 6177	
	during most of w	vorking lite, even if ret	ired)	of Business OR INDUSTR	200			12. CITIZEN	COUNTRY?
13.	SELT OF	poloyed	-10.	1.20	14. MOTHER'S M	ALLE, MANI			De Le
		Henry We:				frexult.	Mary Ke		
	, no or unknown)	O EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			213-26-30524	Mrs Min	nie Wal	sh 7718 Phi		ia Road
	= 9	O S ND	N DIRECTIV	CAUSE	OF DEATH				DISET AND DEATH
		LEADING TO DI	EATH	(A) Pulmor	ary Embol	ism	******************************		
	heart foilure,	osthenio, etc. It n nplication which cou	neons the disease used deoth.l	DUE TO					
	A	NTECENDENT CA	AUSES	Deep	Leg Vein	Thrombo	sis		
	RISE TO TH	OR CONDITIONS,	AI STATING THE	DUE TO					*******************************
Z	UNDERLYIN	IG CONDITION L	AST.	(c) Fract	ure of Ri	ght Tib	ia.		
I O		ll l		INC					
F	OTHER SIGN	VIELCANT CONDITI	ONE CONTRIBUT						
IFICATION	TO THE	NIFICANT CONDITI DEATH BUT NO R CONDITION CAL	T RELATED TO						
ERTIFI	TO THE DISEASE OF	DEATH BUT NO R CONDITION CAL OPERATION 198.	T RELATED TO				20B. IF YES, WERE I		
AL CERTIFI	TO THE DISEASE OF	DEATH BUT NO R CONDITION CAL	T RELATED TO JSING IT. CONDITION FOR PERFORMED	WHICH OPERATION	Yes	3	IN CERTIFYING CAL	USES OF DEA	TH? Yes
AL CERTIFI	TO THE DISEASE OF	DEATH BUT NO R CONDITION CAL OPERATION 198.	T RELATED TO JSING IT. CONDITION FOR PERFORMED	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street,	Yes	3	IN CERTIFYING CAI	USES OF DEA	TH? Yes
CAL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CAU OPERATION 19B. WAS L CAUSE WAS OR CONTRIB-	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. office bldg., INJUR	WHERE DID Y OCCUR?	IN CERTIFYING CAN	USES OF DEA	TH? Yes
AL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO CONDITION CAL OPERATION 19B. WAS CONTRIB- SE OF DEATH. (Month) (Doy)	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Year) (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Street 21 E. INJURY OCCURRED	in or obout 21C. office bldg., INJUR	where did y occur? aford, F	IN CERTIFYING CAI If in Boltimore City, Lorida IRY OCCUR?	USES OF DEA	TH? Yes
AL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO CONDITION CAL OPERATION 19B. WAS CONTRIB- SE OF DEATH. (Month) (Doy)	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Year) (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Street 21E. INJURY OCCURRED WHILE AT NOT NOT WORK	Yes in or obout 21c. office bldg, INJUR Sar 21f. H VORK Fal	where DID Y occur? aford, F ow DD NJU	IN CERTIFYING CAI If in Boltimore City, Lorida IRY OCCUR?	give exoct loc	TH? Yes
AL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO CONDITION CAL OPERATION 19B. WAS COR CONTRIB- SE OF DEATH. (Month) (Doy)	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Year) (Hour) 1 66 m. Inquiry	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Street 21E. INJURY OCCURRED WHILE AT NOT NOT WORK	Yes in or obout 21c. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or	where DID Y OCCUR? Aford, F OW DID INJU I on st	IN CERTIFYING CAI If in Boltimore City, LOTIDA INY OCCUR? reet. s bosis, death in Undetermined monitoring	give exoct local	TH? Yes
AL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CAL OPERATION 198. WAS L CAUSE WAS SOR CONTRIB- SE OF DEATH. (Month) (Doy) rify that I held or ted from: Natura	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Year) (Hour) 1 66 m. Inquiry	WHICH OPERATION PLACE OF INJURY (e.g., lee, form, foctory, street, st	Yes in or obout 21C. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or CHIEF A	where DID Y OCCUR? Iford, F OW DID INJU I On st Id that on thi	IN CERTIFYING CAI If in Boltimore City, LOTIDA IRY OCCUR? TEET. s bosis, deoth in Judetermined monicamines	give exoct local	TH? Yes
AL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CAL OPERATION 198. WAS L CAUSE WAS SOR CONTRIB- SE OF DEATH. (Month) (Doy) rify that I held or ted from: Noturo	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 (Yeor) (Hour) 1 66 m. Inquiry Laclus J	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, str	Yes in or obout 21C. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or CHIEF A ASSISTANT A	where DID Y OCCUR? Iford, F OW DID INJU I On st Id that on thi Ide U REDICAL EX	IN CERTIFYING CAI If in Boltimore City, lorida IRY OCCUR? reet. s bosis, dooth in Judetermined monitaning CAMINER CAMINER CAMINER CAMINER CAMINER CAMINER CAMINER	give exoct local	TH? Yes
MEDICAL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CALL OPERATION 198. L CAUSE WAS SOR CONTRIB- SE OF DEATH. (Month) (Doy) tify that I held or ted from: Natural URE ER'S Type) Char1	T RELATED TO JSING IT. CONDITION FOR PERFORMED 100	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, str	in or obout 21C. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or CHIEF A ASSISTANT A ASSOCIATE I	where DID Y OCCUR? Iford, F OW DID INJU I ON St Id that on thi Ide U REDICAL EX MEDICAL EX	IN CERTIFYING CAI If in Boltimore City, lorida IRY OCCUR? reet. s bosis, deoth in Judetermined monitanine City AMINER (AMINER (my opinion	DATE SIGNED
MEDICAL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CAL OPERATION 198. WAS L CAUSE WAS SOR CONTRIB- SE OF DEATH. (Month) (Doy) Tify that I held or ted from: Natura URE URE URE URE URE URE URE URE URE UR	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Yeor) (Hour) 1 66 m. Inquiry Lacles J. Les S. Pet	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, str	in or obout 21C. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or CHIEF A ASSISTANT A ASSOCIATE I	where DID Y OCCUR? Iford, F OW DID INJU I ON St Id that on thi Ide U REDICAL EX MEDICAL EX	IN CERTIFYING CAI If in Boltimore City, lorida IRY OCCUR? reet. s bosis, deoth in Judetermined monitanine City AMINER (AMINER (give exoct local	DATE SIGNED
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MEDICAL CERTIFI	TO THE DISEASE OF THE	DEATH BUT NO R CONDITION CAL OPERATION 198. WAS L CAUSE WAS SOR CONTRIB- SE OF DEATH. (Month) (Doy) Tify that I held or ted from: Natura URE URE URE URE URE URE 15 Char1 MATION, 238 DA 9-2	T RELATED TO JSING IT. CONDITION FOR PERFORMED 218 hon etc. (Yeor) (Hour) 1 66 m. Inquiry Lacles J. Les S. Pet	WHICH OPERATION PLACE OF INJURY (e.g., 1e., form, foctory, street, 1e., form, foctory, street, 1e., form, foctory, street, 1e., injury occurred while AT AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	yes in or obout 21C. office bldg., INJUR Sar 21F. H WHILE X Fal topsy X or CHIEF A ASSISTANT A ASSOCIATE I	where DID Y OCCUR? Iford, F OW DID INJU .1 on st Id that on thi Ide U MEDICAL EX MEDICAL EX MEDICAL EX 123D. L BE	IN CERTIFYING CAI If in Boltimore City, Lorida IRY OCCUR? reet. s bosis, deoth in Judetermined monitaminer AMINER (AMINER CAMINER OCATION (Cit)	my opinion	DATE SIGNED

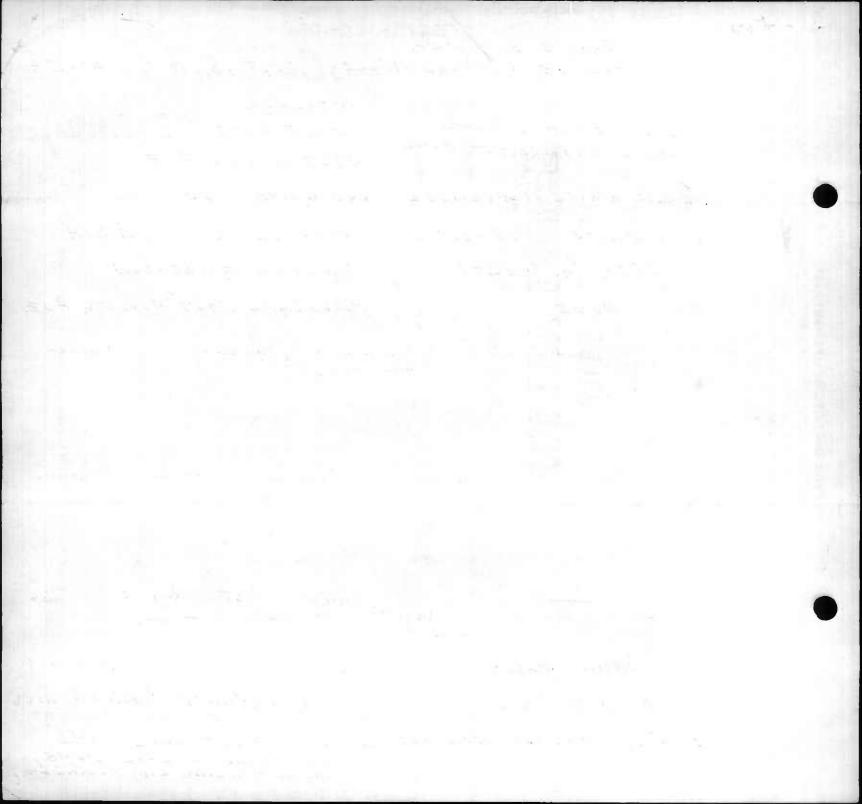


-1		66 09447	BALTIMORE CITY	HEALTH DEPARTMENT		66 09447
0	BIR	TH NO.	CERTIFICA	TE OF DEATH	Registered Na	00 03447
Such		E. CASE NO.			D HOUR OF DEATH	
N .			effers	500	tember 15.1	0111 4 1.
Ė	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	C.1.107	4. USUAL RESIDENCE Pyther	e deceased lived. It inst	itution: residence before admission)
death				A. STATE B. COUN	2	
	1	FULL NAME OF (If not in hospital or institution HOSPITAL OR address or location)	on, give street		7 d	IRAL and give township)
0	1	NSTITUTION		Balt	side city limits, write ko	KAD ded give (dwitship)
5	10	/		D. STREET ADDRESS (III	urol, give lacation!	
prior	12	55 Calbour 5+		255 Cal	houn5	<i>+</i> .
70	5.		IED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	1	Emale White Wis	WED, DIVORCED (specify)	May 28, 1873	ast birthdoyi	Months Days Hours Min.
is		. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF
n the dece disposition	don	e during most of working lite, even if retired)	H	Marila	/	WHAT COUNTRY?
sit	13.	FATHER'S NAME	nllome	14. MOTHER'S MAIDEN NAM	A E	4.5.19
the		1 + 11		1	7 / /	
on I dis	1	GRGUSIGNIUSGrov	6	MANA C	000	ADDRESS
0 -	(Ye	Was Deceased Ever in U. S. Armed Forces? s,no grunknown) (If yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	177 INFORMANT		ADDRESS
fin	L.	NO	NONC	Roland Jeff	ers 255	Calhoyn5+
attendance Imed or final		18.420,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
e d		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ave	sun Decoli la	Note	2
at T		(This does not mean the mode of dying, e	(A) (CVPC	morocción in beo	rj custou	years
bal		heart failure, asthenia, etc. It means the disectiniury or complication which coused death.)	ise,			
3 E		ANTECEDENT CAUSES	(B)	age		
regular re emba		DISEASES OR CONDITIONS, if any, giv	DUE TO	0		
_ 5		rise to the obove cause (A) stoting		~~ * * * * * * * * * * * * * * * * * *		20 mm
ins ins		UNDERLYING CONDITION lost.				
was	z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
= 0	ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
physician was in ore the remains		19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No.		NDINGS CONSIDERED
ysi e t	CERTIFIC	WAS PERFORMED		no	IN CERTIFYING CAUS	SES OF DEATH?
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., inhome, farm, foctory, street, a	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
No Pe	CAL	DEATH (notify medical examiner)	etc.)	ince stage, into ki o cook.		
P	EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
9.5	2	(APPROX.)	While At Not While Work At Work			
obtained		22. I certify that (I) (this hospital) attende			9 36 to Sef	V. 15 1966,
0 0		that (I) (we) last saw the deceased alive	0.6× 111		tin(=v) (aus) asini	an death accurred an the date
<u>ج ۾</u>			0		ir in(my) (dor) dpini	an dearn accorred an the date
death); must be o		and haur and fram the causes stated abave	(1) (me) (did) (dis 141) v	lew the bady after death.	1,	23 B. DATE SIGNED
D E		Marie A & bear	M.D. Atte	ending Med.	Stoll	9-16-61
4 2		23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	170
0 0		NAME (Type)	1-0	151061 Dn	had A.	Real bs
deceased prior to written approval	2.4	MOKICIS & SCHOOL	FIDER M.D.	13/9N. John	very so	Machine 119.
9 6	24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI		CATION (City)	, town, ar caunty) (State)
ter	B	drial 9/19/66 1	orraine L	emotery Ba	Himore	Maryland
rrit	254	A. DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS 5'45
₹ 5			P. O. Falley MA	Walterslyn	eral Home	VIETT +STICKE
	VS	150-REV. 1/QGP 2. 1 1300 U 200	0	61 (1 1)		



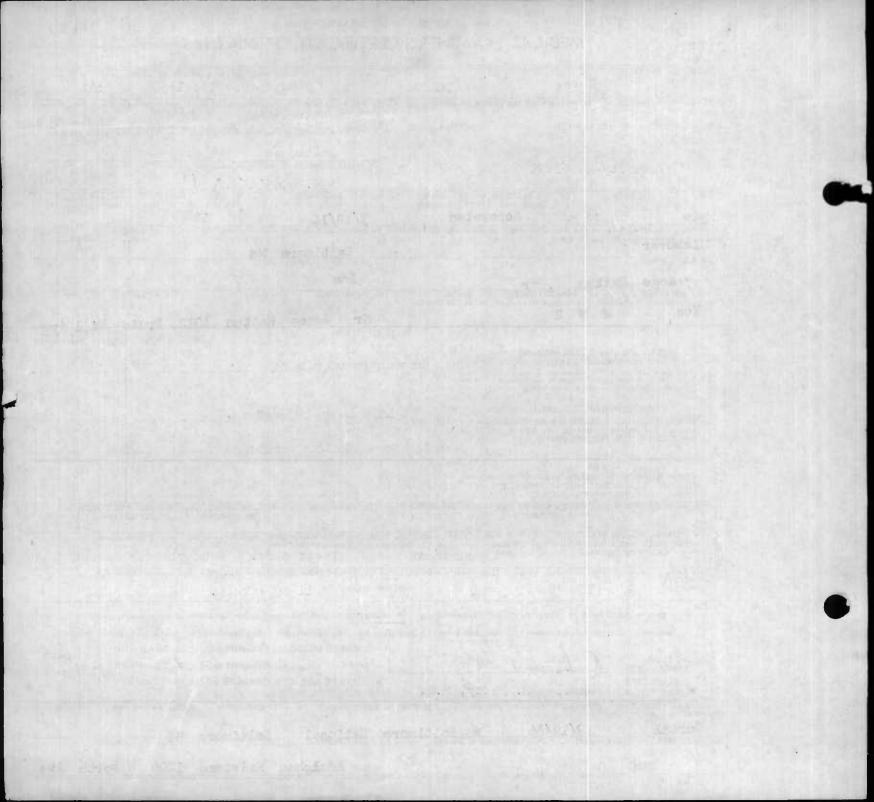
Sucho

66 09448	BALTIMORE CITY H	EALTH DEPARTMENT		66 09448
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	00 00210
	LLER.	2. DATE AND	HOUR OF DEATH	
(Type or Print) AROLINE BLAN	nche HiL	LER SEPT	: 18. 196	6 4:45 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- 4	L. USUAL RESIDENCE (Where	deceased lived. If insti	Iulion: residence before odmission)
FULL NAME OF (If not in hospital or institution, give	/	HARYLAND. CITY OR TOWN (If outsi	alta limita milanali	DA1 and sive Assessing
INSTITUTION BELVICE ROS	Ad.			KAL did give rowinship)
Gould ConvALESCENT		BALTI 40. STREET ADDRESS (If ru	ral, give location)	
Goula Can our rescent		5927 MARL	uth Aus	
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, I	DIVORCED (specify)	lo	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
THE MALE Whate wid		JAN. 16 1893	country)	12. CITIZEN OF
done during most of working life, even if retired)			1	WHAT COUNTRY?
HOUSEWITE DOM	Estic	MOTHER'S MAIDEN NAM	rd.	U-S. H.
	1_	P -11	1 1	
15, Wos Deceased Ever in U. S. Armed Forces?	SOCIAL > 17	NOSELLA INFORMANT	Ander	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO			
NO NONE		MELGA SMITH	5927 M	
DISEASE OF CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
LEADING TO DEATH	in Carre	voera of die	uses	5 mus
(This does not meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO			ATT
injury or complication which caused death.)		V		
ANTECEDENT CAUSES	DUE TO	namen a mana a a manin a a a a a 4.0 a a u u vidini uu a u manin am		
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove cause (A) sloting the UNDERLYING CONDITION lost.	(C)	**************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UISEASE OR CONDITION CAUSING IT.	1. Lancacalani	lic las disvarce	ela den me	10 years
		20A. AUTOPSY? (Yes or No)		
19A. DATE OF OPERATION 19B. CONDITION FOR WH			208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in a form, factory, street, offic	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore (City, give exact location)
W OF INTURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Work	At Not While At Work			
22. I certify that (1) (this hospital) attended the	deceased from	Jule 14 19	65 to Seat	. 18 1966
that (I) (we) last saw the deceased alive on	lug. 23	0 /6	in(my) (owe) opini	an death occurred on the date
ond hour ond from the couses stated above. (1) (We) (did) (did not) vie			
23A. SIGNATURE				3B. DATE SIGNED
Ollaw James	M.D. Attend	ing Med. S Director P	toff hys.	Any V. 19.1966
23C, PHYSICIAN'S NAME (Type)	231	D. ADDRESS		2 4 4 2
ADAW 6. SWISS	M.D.	6232 100	lun 10. 1	Sall, Wd 21206
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREM	ATORY 24D. LO	CATION (City,	lown, or county) (Stole)
BURIAL 9-21-64 NO	Ew Cathed	RAL B	PLTIMOR	26. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	Tarbutta	25C. FUNERAL DIRECTOR	Ab HUNEI	THE SPESSIE,
	, Management	tilancis W.	miller 2	101 Kudnick hy
VS 150-REV. 1/1/65	0 0 10 11			



VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EX	AMINER'S	CERTIFICAT	E OF	DEATH Registe	ered No	
M.E. CASE NO.								
Type or Print	GEORGE		HATTEN			ember 15, 19		:45 A
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU		Mary	Land	ere deceased lived. If ins B. COI		11-05
NSTITUTION	versity Hospit			D. STREET ADDR		rol, give location)		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		1e Street	If Under 1 Y	ı, If Under 24 Hrs
Male	WIDOWED, DIVORCED (specify)			3/18/14		lost birthdoy) 52	Months Day	
	CUPATION (Give kind of world working life, even if retired)	kTOB. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (S			12. CITIZEN C	DE CONTRY?
3. FATHER'S NA	ME	1		14. MOTHER'S MA	IDEN NA	WE		
Geaog	ge Hatton	S _p		Ida				
5. WAS DECEAS	SED EVER IN U.S. ARMET		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
162	W W 2			Mr Jam	es H	atton 1012	Druid	Hill Ave
OTHER SETS OF THE	ASE OR CONDITION D LEADING TO DEATH on the mode of the ostherio, etc. It mean complication which coused ANTECENDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) S VING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	dying e.g., i dying e.g., s the disease, death.) ES ANY, GIVING TATING THE CONTRIBUTIN	(B) Rig	chopneumoni ht Subdural	************	atoma.		
19A. DATE C		NDITION FOR W	VHICH OPERATION	Yes	(Yes or N	o) 20B. IF YES, WERE FI		
UNDERLYING UTING CA	AL CAUSE WAS SMOR CONTRIB- LUSE OF DEATH.	21 B. P home, etc.)	form, foctory, street, Street	office bldg., INJURY	OCCUR?	(If in Boltimore City, g St. & Pennsyl		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		E. INJURY OCCURRED		1	street.	17-	0/
ACTU SIGNA EXAMI	AL TURE OLG	relead 1	cciden X Suici	de Homicia	DICAL		er D	ATE SIGNED /15/66
23A. BURIAL CE	REMATION, 238. DATE	230	. NAME OF CEMETERY	or CREMATORY	23D	LOCATION (City	, town, or count	y) (Stote)
Burial	9/19	166	# Baltimon	re Nationa		Baltimore Mc		
	D BY HEALTH DEPT.	248, NAME (E Falley MA	24C. FUNERA	T DIRECT	Halstead 12	206 W No	



	66	09450		BALTIMORE CITY HEA	LTH DEPARTMEN	NT		C	6 1	10.45()
BIR	TH NO.	MEDI	CAL EX	(AMINER'S C	ERTIFICA	TE OF	DEATH Registe	ered No.	0 (19450
M.	E CASE NO.									
l. (Tv	1. NAME OF DECEASED				2. DATE AN	D HOUR PRONOUNC				
		Haze	el McFa	adden			9/15	6/66	9	9:15p. ^
3. 1	PLACE IN BAL	LTIMORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If ins	titution: resi	dence	before odmissio
FU	LL NAME OF	(IF NOT IN HOSPITA	OR INSTIT	UTION GIVE STREET		Maryl.			15	- 4
HC	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TO	WN (If outsid	de corporate limits, writ	e RURAL o	nd gi√e	lownship)
5							ltimore			MALE STATE
1		=00 == =			D. STREET ADD					
		708 W. La					8 W. Lafayet			
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In year			If Under 24 H Hours, Min
	male	colored		parated	7/13/2	29	37			
		UPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZ		
don	Labor	(working life, even if retired)			South	Caro]	lina	U	S A	
13.	FATHER'S NA	ME	-37.3		14. MOTHER'S M	AIDEN NAM	\E			
111	Reese	McFadden			Mary					
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	5	
Te	No or unknow	n) (If yes, give wor or dote	s of service)	251-44-91	66 Mrs	Elease	McFadden	708 W	La	fayette
CERTIFICATION	DISEASES RISE TO TI UN DERLY OTHER SIG	LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons emplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	the discose, deoth.) S NY, GIVING ATING THE CONTRIBUTI	(B) DUE TO (C)	y alterati		lower lobe			
ERTI		F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No	20B. IF YES, WERE F	NDINGS C	ONSID	ERED
Ü	2	WAS PERI			ye		IN CERTIFYING CAU			
MEDICAL	UNDERLYING	AL CAUSE WAS	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. Noffice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, g	ive exoct lo	ocotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	,	WHILE AT NOT AT V	WHILE WORK	OW DID INJ	URY OCCUR?			
	22. I ce	ertify that I held on I				d that on th	nis bosts, deoth In	my opinio	n	
		ulted from: Natural cou		Accident Sulcid			Undetermined monn			
	ACTUA	L hillsmil		- 1-1-	CHIEF M	EDICAL E	XAMINER	e	DA	TE SIGNED
	SIGNA		1611	M.C	ASSISTANT M				(9/16/66
00	EXAMI NAME	(Type) Werner		z, M.D.	ASSOCIATE N			Street,		
23/	A. BURIAL CR	EMATION, 238 DATE	23	C. NAME OF CEMETERY	or CREMATORY	23 D.	LOCATION (City	, town, or	county)	(Stote)

23A, BURIAL CREMATION, REMOVAL (Specify) Burial 9/20/66

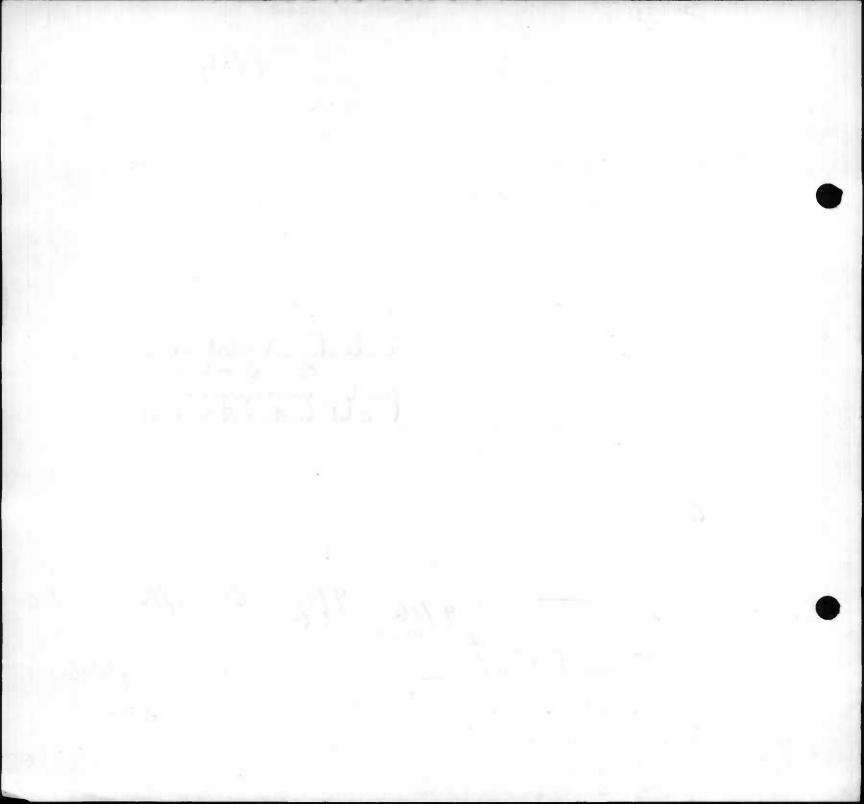
244. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

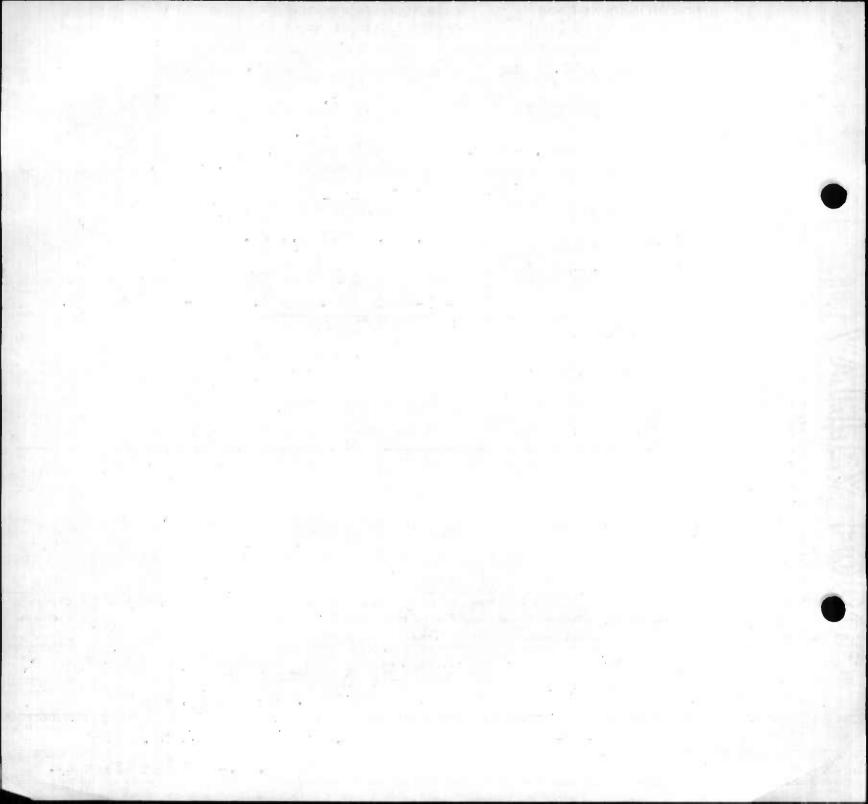
Adolphus Halstead 1206 W North Ave

66 09451	BALTIMORE CITY	HEALTH DEPARTMENT		66 09451
M.E. CASE NO. 7. NAME OF DECEASED	CERTIFICA	TE OF DEATH	Registered Na	00 03431
1. NAME OF DECEASED (Type or Print) Baules Lo	wo	2. DATE AND	HOUR OF BEATH	8-3cAm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence befare admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	Maryland c. city of town (If outs	ide city limits, write RI	URAL ond give township)
2		Baltimore		
			urol, give location)	
The Johns Hopkins Hospi		1224 East Ma		14 11 1 2 14 14 14 14 14 14 14
Female Colored Sin	o, DIVORCED (specify)	to	S. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		LA MOTHER'S MAIDEN NAM	NWOY	4,5,0.
CRAWLEY BROTH	ERS	LOTTIE -	- UNKNA	WN
15. Was Deceased Ever in U./S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
NO	218-07-8602	MARGARETE	1ELdS 1118	SFORREST ST
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	100	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) C	lestrual	& vetucki	1 >1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or complication which caused death,)	DUE TO	1 2 8	Cock	i day 3
ANTECEDENT CAUSES	(B) O	Il male	quancy	-y
DISEASES OR CONDITIONS, if ony, giving rise la the above couse (A) stating the UNDERLYING CONDITION last.	(C)	old hist-	all and	lable
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF hom	PLACE OF INJURY (e.g., in ne, farm, foctory, street, offi)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Saltimore	City, give exact tacotion)
S OF INJURY	. INJURY OCCURRED	21F. HOW DIO INJU	RY OCCUR?	
(APPROX)	ile At Not While			11.
22. I certify that (1) (th is hospital) attended t	he deceased from	1/6 19	66 to 9/	16 1966.
that (1) (w) last saw the deceased alive an	7/16	19	t in (my) (aur) apin	ian death accurred an the date
and haur and fram the causes stated above. (1) ((did) (did pat) vi	ew the bady after death.		
23A. SIGNATURE	Oe M.D. Atter	nding Med. Since to the state of the state o	Staff Phys.	238. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	(0	11
Dr. David S. Fedso		The Johns Ho		spital
BURIAL 9-21-66 N	AME OF CEMETERY OF CREATED	LAN BY	LTIMAR	y, town, or county) (State)
SEP 20 1966 P. P. SEP	OF REGISTRAR	25C. FUNERAL DIRECTOR	KNIGHT	1/2 39 Al Berahun
VS 150-REV. 181/65' 2 (18 381 0 8		0 1 0 0	KY JUILI	W O / WI WHOMEN 14/



C2	5141
55	hospital and tuse of death (5) Deceased dance on the death. Such
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased decased prior to death); and (6) No physician who pronounced death was in regular attendance on the prior to death. Such written and the physician was in regular attendance on the death.
	if deect o 4) Un was the
LANI	he dir kind; (death
IMPOR	Also, if the of any knounced attendanced are
FUNERAL DIRECTOR: IMPORTANT	A fracture who prorregular
DIRE	dical exical exi
IERAI	ief med a med ody bur ie phy
FUN	the chalby (2) Bo
	hospite ature; pt wh (6) N
•	o the sany n (exce
	ased the dent of ospital death
	ate mu as rele a accic at a h
	ertification were (1) A 0.0.A. sed pr
	This c

	20 10150		BALTIMORE CITY	HEALTH DEPARTMENT		00000
BIRTH NO. M.E. CASE NO.	66 09452		CERTIFICA	TE OF DEATH	Registered No	. 66 09452
INAME OF DE	CEASED			2, DATE A	ND HOUR OF DEAT	Н
Type or Print)	Eugene C.	Stump		Ser	t. 17, 19	66 34.
B. PLACE OF D	EATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before admissi
				Md.	NII	72-14
HOSPITAL OF		or institution,	give street		utaida aitu limita uuis	e RURAL and give township)
INSTITUTION					orside city limits, with	e KOKAL ond give lownship)
) .				Balto. D. STREET ADDRESS (f iuiol, give lacation)	
4	06 Athol Av	e A	pt. B			
				406 Athol		
. S EX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days Hours Mir
M	Wh	Marr		9-10-87	79	
		rk 108. KIND O		11. BIRTHPLACE (State or fo	eign country)	12. CITIZEN OF
ane during most	of working life, even if retired					WHAT COUNTRY?
Reti	red	Sun I	ife Ins. Co	Balto I	Id.	USA
3. FATHER'S N.	AME			14. MOTHERS MAIDEN N.	AME	
Wi 77	iam Stump			Anna Hal	n	
. Was Deceas	ed Ever in U. S. Armed Fo	oices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,na ar unkna	wn) (If yes, give was as da	tes of service)	SECURITY NO.		E Stumm	106 Atho: A=
		<u></u>	ZTZ-01-290	DA MIS. May 1	a. stump.	106 Athol Av.
18. 3.3	6 X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D	DIRECTLY	0	1	~	,
	LEADING TO DEATH	4	(A) Pa	rkinson de	elast	3 years
	not mean the made o		DUE TO	· · · · · · · · · · · · · · · · · · ·	****************	
	e, asthenia, etc. II mean amplicotian which cause		,			
	ANTECEDENT CAUSE	5	(B)			
			DUE TO			
	OR CONDITIONS, if the above cause (A					
	NG CONDITION last.	, siding me	()			
	- 11					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	IG			
TO THE	DEATH BUT NOT REI	LATED TO TH				
19A. DATE			WHICH OPERATION	20A. AUTOPSY? (Yes or	Vall 208, IF YES, WER	E FINDINGS CONSIDERED
		RFORMED		210	IN CERTIFYING C	AUSES OF DEATH?
TO THE DISEASE OF THE	ENT WAS UNDERLYING	211	R. PLACE OF INITIPY (e.g. in	ar about 21C. WHERE DID	(If in Boltim	are City, give exact lacotion)
OR CONTRI	BUTING CAUSE OF	har	me, larm, loctory, street, a	fice bldg., INJURY OCCUR?	ar in politin	one only, give exact tacononi
)	ify medical examiner)	etc	•1			
21 D. TIME OF INJURY	(Manth) (Day) (Year	r) (Haur) 21 E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)			hile At Not Whil			
			ork			1.16. 6. 1. 2
	fy that (I) (this haspite		h . 1	September	1950 to A	leptember 17 196
that (I) (m) last saw the deceas	sed alive an.	Left 16	19 66 and 1	hat in (my) (out) a	pinian death accurred on the
				iew the body after death		
23A. SIGNA			(i) (iie) (did) (did) (iem the body diter death	•	23B, DATE SIGNED
m/	and DI	2011	M.D. Atte	ending Med.	Staff	
HUR	MOS JOH	rech	Phy	s. Director	Phys.	9-19-66
23C. PHYSIC	IAN'S	Sahmai	her	23D. ADDRESS		
NAME	(Type) Morris	Schrei	Der M.D.	1517 W. Lo	mbard St.	
AA BURIAL C	PENATION 1049 DATE	love M		11.00		
REMOVAL	REMATION, 248, DATE		AME at CEMETERY of CRI		LOCATION	City, tawn, ar countyl (Stat
Bu:	rial 9-21-	66 L	orraine Park	Cem. B	altimore,	Md.
SA. DATE REC	D BY HEALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	SEP 2.0 1966	A 0 Pr	E farkey MA	Witzke F		Edmondson Av.
		Mosen		11 % 0 % 2 5 0 2		
S 150-REV. 1/	1/65	Street, Street	0 0 0 1			W



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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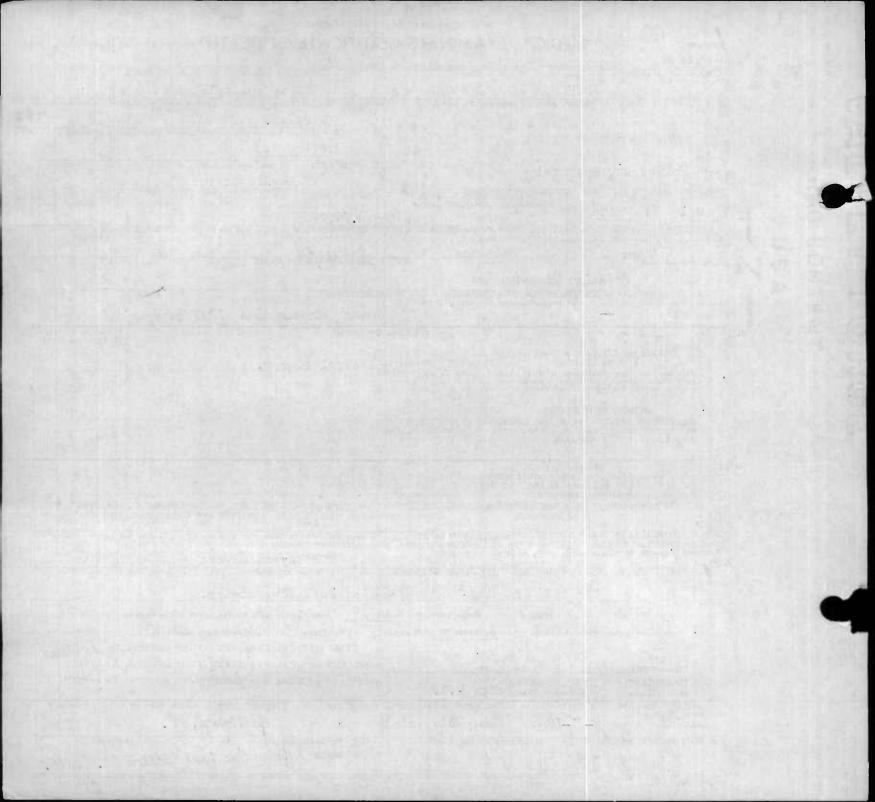
DATH prove

LEG THATOURTERED. Mercy Hospital PP 88-3-51 BALLIMOVE WEAR Murrens de Me Nulty CLARA MARANTY 99-HB99-11-00 Michael Comon

5 3 6 2

600	INDALA	DALIMORE CITT	EVELLI DEL VICTURE AL			
00	MEDICAL	FYAMINER'S	CERTIFICATE OF	DEATH Registered No.	6.63	134456
	MILDICAL	EVIZIMIII AFICO	CERTIFICATE OF	DEATH Magnetic	UU	COLO

	TH NO.	ME	DICAL EX	AMINER 5 C	ERTIFICA	IE OF	DEATH Registe	red No.	+ 09494
-	E. CASE NO.	CASED				To Dage and	D. HOUR BROWNING	D DEAD	
ίŤγ	pe ar Print)	ANTHO	אוע	STRASDAUSKAS			D HOUR PRONOUNC		10./5 A
3.	PLACE IN BALTI	MORE MARYLAND					ember 17, 19	itution: residence	10:45 A _{M.}
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A. STATE	aryland	B. COU	NTY	2/-0
FU	LL NAME OF	ADDRESS OR LE	SPITAL OR INSTITU	TION, GIVE STREET			e corporate limits, write	RURAL ond giv	ve township)
IN:	NOITUTION				R.	altimore			
C	Ilmirro	esitus IIsan.	1		D. STREET ADD				
ď	onive	rsity Hosp:	rrar		90	07 Bayar	d Street		
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1 Yr.	If Under 24 Hrs.
	Male	White	Single	OIVORCED(specify)	Feb. 15,19	202	64	Months Days	Haurs Min.
104	USUAL OCCU	PATION (Give kind of	work 108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreig		12. CITIZEN O	
dor	C 4	orking life, even if retir	Insur	anco	Lithua	nia		WHAT CO	UNTRY?
13.	FATHER'S NAM	sman.	JIISU	uuce		AAIDEN NAM	E		
		Valerian	Strasdausk	ras					
		EVER IN U.S. ARA		16. SO CIAL	17. INFORMANT			ADDRESS	
Te	no or unknowni	(If yes, give war ar	dotes of service)	SECURITY NO.	Joseph St	nasdans	ras 1700 Bw	Dd because	
-	118,			CALLSE	OF DEATH	o a contraction	W 1700 DW		RVAL BETWEEN
	E79	30, CP		CAUSE	OF DEATH				ET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DE		Crania	cerebral	Toiner			
	(This does no	at mean the mode osthenio, etc. It me	of dying, e.g.,	DUE TO	Cerebrai	Injury.			
-	injury ar cam	plication which cous	sed death.)						
	Al	NTECENDENT CA	USES					Man To	
		R CONDITIONS, I		DUE TO					
	UNDERLYIN	G CONDITION LA	ST.						
O				(C)	***************************************	***************************************			
Y	OTHER SIGN	II IFICANT CONDITIO	NS CONTRIBUTION	IG					
FIG	TO THE I	CONDITION CAUS	RELATED TO TH						
CERTIFICATION	19A. DATE OF	OPERATION 198.	CONDITION FOR V	VHICH OPERATION	20A. AUTOPS	Y? (Yes ar Na)	20B. IF YES, WERE FIL	NDINGS CONSI	DERED
ū	2	WAS	PERFORMED		Ye	es	IN CERTIFYING CAUS	SES OF DEATH?	Yes
×	21 A. EXTERNAL UNDERLYING	CAUSE WAS	218.	PLACE OF INJURY (e.g., farm, factory, street,	in or obout 21C.	WHERE DID	(If in Baltimare City, gi	ve exact lacation	1)
EDICA	UTING CAUS	E OF DEATH.	etc.)	Home			Street	21-0	22
Σ	21D TIME	(Manth) (Doy) ((Year) (Haur) 21	E. INJURY OCCURRED		OW DID INJI			
	(APPROX.)	9 17	ICC A W	HILE AT NOT	WHILE X Fe:	11 1			
	22.	9 17	66 A m. W			ll down	stairs.		
		fy that I held on	Inquiry	Inspection Aut	opsy X an	id that on th	is bosis, deoth in m	ny opinian	
	result	ed from: Naturol	couses A	ccident X Suicid	e Homic	ide 🗌 🔠 1	Indetermined manne	er 🗌	
			/	1_	CHIEF	EDICAL EX	AMINER _	D.4	TE SIGNED
H	SIGNATU		alles & ta	M.D.	ASSISTANT N	EDICAL EX	AMINER 🔀		
	EXAMINI NAME (T	ER'S Char	les S. Pet	1	ASSOCIATE A			9/	18/66
	BURIAL CREA	AATION, 238. DATE	230	. NAME OF CEMETERY	CREMATORY	23D. L	OCATION (City.	tawn, ar county	(Stote)
KE/	Burial (Specify)	9-21-	-1966 Mc	st Holy Redee	mer (em	B	altimore, Md		
24/		BY HEALTH DEPT.	248, NAME (OF REGISTRAR	24C. FUNE	PAL DIRECTOR		ADDR	ESS
				2, Farlayna	Thomas	7 Kenny	4 Inc 1600 He	Illina St	0 0.
)E	L 70 1200	art-san	,		0	770	icurs St	· Dalto.



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT (If outside city limits, write RURAL and If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred on the date 23 B. DATE SIGNED 25A. DATE SEC'D ADDRESS VS 150-REV. 1/1/65

Megradul experten Heart for his copy to and the state of the state of the state of 11. Ching x 9-18-66 Bon from a many wall that I have

SFP 5 VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

and the state of the state of	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00450
M.E. CASE NO. 66 U9456	CERTIFICA	ATE OF DEATH	Registered Na	- 66 09456
I. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	Н
Virginia F. John 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	son	4. USUAL RESIDENCE (W	eptember 1	8, 1966 1 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COL	here deceased lived. If JNTY	institution: residence before admiss
FULL NAME OF (If not in hospital or institution oddress or location)	on, give streel	Maryland c. city of town (If	outside city limits, write	20-06 RURAL ond give township
6 N. Rosedale S		Baltimore		
Baltimore, Mary	land 21229	D. STREET ADDRESS	If rural, give location)	
		8. DATE OF BIRTH	ale Stree	t
	WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Female Colored Ne	ver Married	June 25, 19	10 56	12. CITIZEN OF
done during most of working life, even if retired)	OF BUSINESS OF INDUSIK	TIL BIKINFLACE (Sigle of to	reign country)	WHAT COUNTRY?
House Wife		Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Johnson		Mattie Haw	kine	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	A.1.1.0	ADDRESS
Treating of different files, give were at a second	JECOKIII NO.	Monry Provin	6 N	An alabased
18. 49 0 V	CAUSE	Mary Brown	0 N .	Rosedale St.
DISEASE OR CONDITION DIRECTLY		1	L . 0	ONSET AND DEATH
LEADING TO DEATH		Ch PARTOR	Farlen	2
(This does not mean the mode of dying,	a.g., DVE TO	SIN CHALLO -	y) a cay	
heart failure, asthemia, etc. It means the disectingury or camplication which coused death.)	ise,	a a de a como	· · · · · ·	1
ANTECEDENT CAUSES	Cecu	Medican	na of u	R
	DUE TO	espiranto Re no Carcero Que dove f R	. 0	
DISEASES OR CONDITIONS, if any, giv	the (C)	Maswetk	UN	
UNDERLYING CONDITION lost.				
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING THE			
DISEASE OR CONDITION CAUSING II.	OR WHICH OPERATION	IONA ALIZOPEYZ (You or	No. 208 IE VES WEB	E FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED	DE WHICH OFERATION	ZVA. AUTOPST: (Tes of	IN CERTIFYING C	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	in or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		ore only, give oncer todonom
U				
21D. TIME (Month) (Doyl (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX)	While At Not Wh			1 - 1
22. I certify that (I) (this hospital) attende	ed the deceased from /	8/27	19to	7/18 19 6
that (I) (we) lost sow the deceased alive	(4/17)/	00 10		pinian death occurred an the
		/		pinian death occurred an ine
and haur and from the causes stated above	a. (1) (#e) (did) (did nat)	view the bady after deatl	1.	OOD DATE SIGNED
23A. SIGNATURE	M.D. AI	Hending Med.	Stoff	23B, DATE SIGNED
Cipulation 1309	Ph	ys. Director	Phys.	1119100
23 C. PHYSICIAN'S NAME (Type)	2. /	23.D. ADDRESS	1000	1-12 of 1
5/50/2013/	M.D	601/4, IV	now ST	Dest 17/4
24A. BURIAL CREMATION, 24B. DATE 240	C. AME of CEMETERY OF C	REMATORY 24D.	LOCATION	(City, town, or county) (Sto
REMOVAL (Specify)				
Burial 9-21-66	Arbutus Mem.	Ple 125C, FUNERAL DIRECT	Baltimore	Maryland
	T. D.	23C. FOINERAL DIRECT	- K	ADDRESS
SED ON 1066 A D B	2 As Daniel	A 107 4 10 14 1		AUDRESS

Phillips

Street

G. E. Farley MA

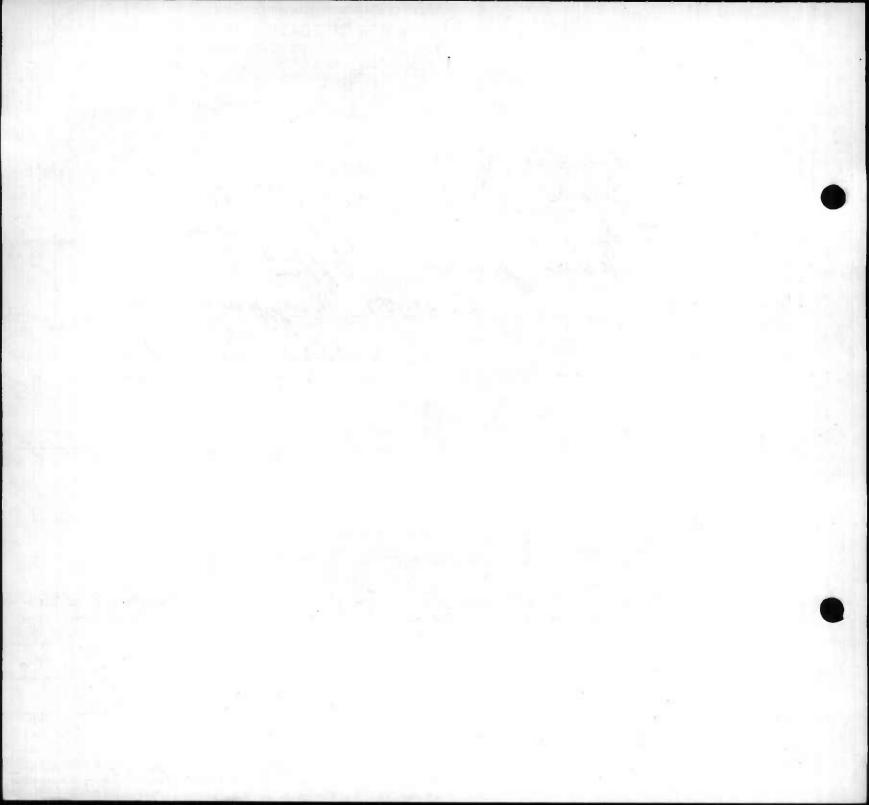
Commences Failure Others Canarana of the

6011. Marine 34 Ballin.

FUNERAL DIRECTOR: IMPORTANT

al and death Such (5) Deceased ㅁ hospital eath. of ance cause ŏ etermined cause; attend 0 ŋ prior contributing occurred disposition is made. regular deceased death Dun Was the assistant 0 death or final attendance any pronounced embalmed of fracture regular who are physician before the remains chief medical Was medical physician Body the O 3 the where hospital °Z nature; approved by obtained 9 (except and the any pe eath) of hospital must accident O 0 approval Ö prior a MOS eceased 0.0 he body written shows: Was

BALTIMORE CITY HEALTH DEPARTMENT 66 09457 Registered Na.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE: ()
B. COLNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (Moutside city limits, write RURAL and give township) (If Jujol, give location) D. STREET ADDRESS MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX Hours lost birthdoy arried 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lite/leven if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-03-93 CAUSE OF DEATH INTERVAL BETWEEN 1 B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR! OF INJURY While At Not White (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased olive an. and hour and fram the causes stoted above. (1) (We) (did) (3)d nat) view the body after deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Stoff M.D. Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) . NAME of CEMETERY OF CREMATORY 24D. LOCATION 24A. BURIAL CREMATION, REMODVAL (Specify) DEPT. 25C/FUNERAL DIRECTO ADDRESS 25A. DATE REC'D VS 150-REV. 1/1/65



		00 0450	BALTIMORE CITY	HEALTH DEPARTMENT		A
		н но. 66 09438	CERTIFICA	TE OF DEATH	Registered Na	66 09458
	1. N.	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
		Ida Goditae	T		to a.m. 9/1	M. stitution: residence before admission)
	3. P	LACE OF DEATH IN SALTIMORE, MARYLAND		A STATE B. COUN		
	H	FULL NAME OF (If not in hospital or instilution HOSPITAL OR oddress or location) NSTITUTION	n, give street	1		URAL and give township)
4	0				rurol, give location)	MD. 1-01
-de	4	utheran Hosp. of 1		129 Cum	mines	ct.
pam s	5. S	WIDOV	ED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In Jeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
n is		USUAL OCCUPATION (Give kind of work 108, KIND during most of working lite, even if retired)		11. BIRTHPLACE (State or forei	gn county)	12. CITIZEN OF WHAT COUNTRY?
÷	1	Rousewite		States	(MD)	4.S.A.
disposition	13. [FATHER'S NAME	.0	14. MOTHER'S MAIDEN NAM	ME	
lis		Richard I	homas	unn	nown	
	15. V (Yes	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service	e) SECURITY NO.	17. INFORMANT		ADDRESS
final				dauphrter C	Ilivia Are	ers. Same
0		18.33/XI	CAUSE O	F DEATH \		INTERVAL BETWEEN ONSET AND DEATH
Pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH) (remia		
balmed		(This does not meon the mode of dying, e. heart failure, asthenia, etc. 11 means the disea	.g., DUE TO	0 2111100		
pqu		injury or complication which coused death.)		NA		
e H		ANTECEDENT CAUSES	(8) OUE TO			
are		DISEASES OR CONDITIONS, if ony, giving the state of the obove couse (A) stating the state of the	ing			100.77
		UNDERLYING CONDITION Iosi.	(0)			
the remains	NO	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO				
9	CAT	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	208. IF YES WERE F	INDINGS CONSIDERED
e th	ERTIFIC	WAS PERFORMED	William Granien	No	IN CERTIFYING CAU	ISES OF DEATH?
before		OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
	L LL	OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ained	٤	(A BBBOX)	While At Not While Work Not Work			
b		22. 1 certify that (1) (this hospital) attende	d the deceased fram Se	Pt. 15	1966 to Sep	+ 17 19 66.
pe o		that (I) (we) last sow the deceased alive a	n 9:45 a.m.st	04 1919 66 and the	at in(my) (our) apin	iian death accurred an the date
		and haur and from the causes stated abave	. (1) (We) (did) (did nat) \	iew the body after death.	/	
must		23A. SIGNATURE	AAD AN	ending Med.	Stoff N	23B. DATE SIGNED
0		aconjation	Phy	s. Director	Phys.	717/66
approv		23C.PHYSICIAN'S NAME (Type)	1 (1)	23D. ADDRESS	4	D H A
ddı	244	BURIAL CREMATION, 248, DATE 24C	NAME OF CEMETERY OF CRI	LUTTP200	OCATION J (CI)	y, town, or county) (State)
		REMOVAL (Specify)	011-	M. A. B.	at -	1 ml
written	25 A	DATE REC'D BY HEALTH DEPT. 25B. NAM	E OFFREGISTRAR	25C FUNERAL DIRECTOR	uumar	ADDRESS
3		SEP 20 1966 Relub =	E OF REGISTRAR	Whiteste	of faillie	20179.71 Meure
	VS	150-REV. 1/1/65		The state of the s	7 H	- Indiana

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24A, BURIAL CREMATION, REMOVAL (Specify)

BURIAL

VS 150-REV. 1/1/65

24B. DATE

BY HEALTH DEPT.

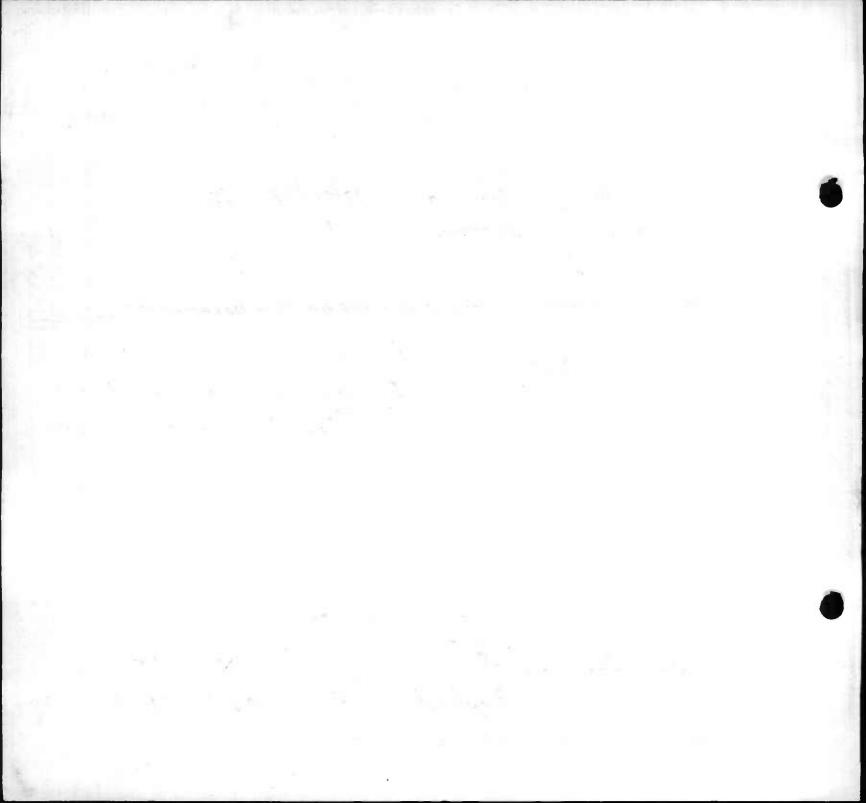
Such

		BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO. 66 09459	CERTIFICA	TE OF DEATH	Registered No.	66 09459
Н	M.E. CASE NO. 1. NAME OF DECEASED			ND HOUR OF DEATH	
	(Typo ar Print) John Herrin	-	Sepi	t. 17th	1966 2.05 A M
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	Baltimore	4. USUAL RESIDENCE (Whe	ere deceased lived. If in:	stitution: residence before admission)
	FULL NAME OF (If not in hospital or instituti		Md E	Ballimore	13-08
	HOSPITAL OR oddross or location) INSTITUTION	33	C. CITY OR TOWN (If ou	tsido city limits, writo R	URAL ond give township)
A			D. STREET ADDRESS (IF	rural, give location)	
1	7			wion Are.	
		IED, NEVER MARRIED	B. DATE OF, BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
	M WIDO	MED, DIVORCED (specify)	10/21/99	lost birthdoy)	Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (State or fore	ign cauntry)	12. CITIZEN OF
	done during most af warking life, even if retired) RETIRED.	HOW C	Pennsylv	auia	WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1 0.3 /7.
	2				
	15. Was Deceased Evar in U. S. Armod Forces? (Yes, no or unknown)(If yas, give war or dates of service)	16. SOCIAL	17. INFORMANT	·	ADDRESS
	NO		ROSE THERRING	£ 133544131	AUF
	18.7. 29 /	CAUSE O		- 1303 600 100	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	,	/	,	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) AS	piration Brow	chofuermen	ina 2 days
	heart failure, asthenia, etc. It means the diser injury ar camplication which coused death,)	925			
	ANTECEDENT CAUSES	(B) Res	piratory Acidos	is and Elect	idte On Know ic
	DISEASES OR CONDITIONS, if any, give	oing DUE TO	sturbance j		
	rise to the above couse (A) stating UNDERLYING CONDITION task.	The (C) Chro	nic Chstriction	e Emphyse	note Un Know in
	ONDERCTING CONDITION IGST.				
	OTHER SIGNIFICANT CONTRIBU	TING			
	DISEASE OR CONDITION CAUSING IT.				
	198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1N CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in hamo, form, factory, stroot, af	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	DEATH (notify medical examiner)	etc.)			
	W OF INTURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(A PPROX.)	While At Not While Work At Work	•		
	22. I certify that (I) (this hospital) attende		ept Stu	19 66 to Se	pt 17+419 66
	that (I) (we) last sow the deceosed olive	on Sept 17t	4 19 66 and th	nat in (my) (aur) opir	nion death occurred on the date
	ond haur and frain the couses stoted obove	e. (1) (Me) (did) (did not) v	lew the bady ofter deoth.		
	23A, SIGNATURE	AAD AND	ending Mod.	Stoff A-	23B, DATE SIGNED
	Att Captineta	Phy	s. Director	Staff Phys.	1/11 66
	23C. PHYSICIAM'S NAME (Type)	Pioplinskim.D.	Since F	tespital e	of Baltimore
	16/1/10/11	1 F W / 1 V23 N/ MIL.	C. PLCC.		1

24C. NAME of CEMETERY OF CREMATORY

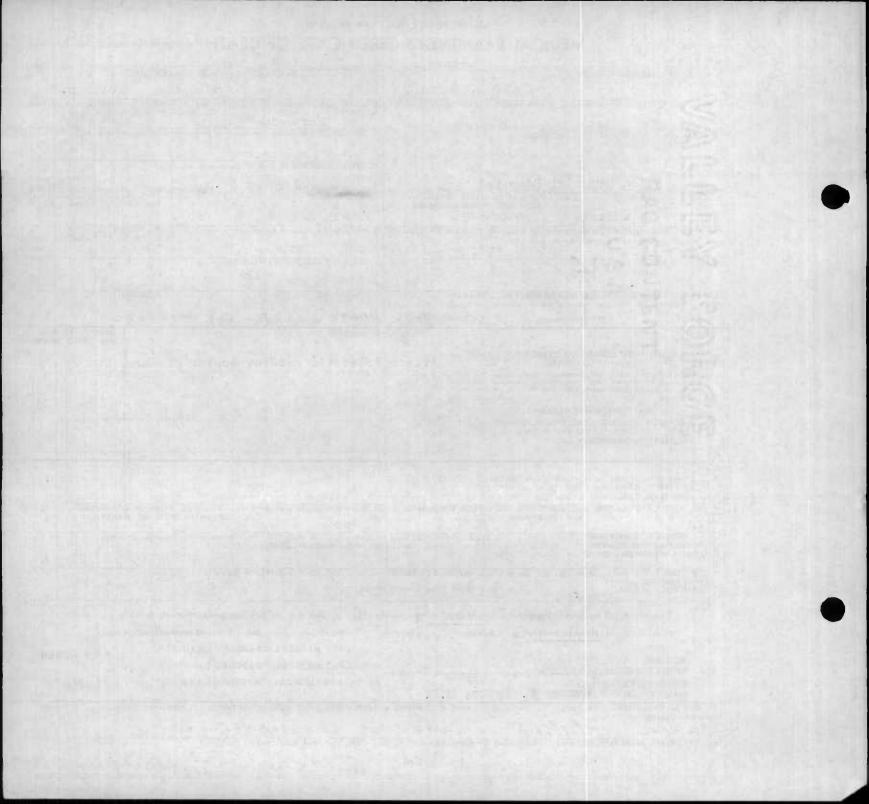
25B. NAME OF REGISTRAR 25C. 1 25C. FUNERAL DIRECTOR ADDRESS

(City, town, or county)



	CC	119/16/1	1	BALTIMORE CITY HEAL	TH DEPARTMEN	AT .		00	00400
BIRT	TH NO.	WEDI	CAL EX	AMINER'S CI	ERTIFICAT	TE OF D	EATH Register	ed No. 50	<u>U946U</u>
1	L CASE NO.	CLASED				To mare and		70 7014 70	
	pe or Print)	CEASED	David	L. Worrell		2. DATE AND	9/16/66		15 a
3. P	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESID	ENCE (Where de	eceosed lived. If insti	tution: residence	M.
6111	I NAME OF	(IF NOT IN HOSPITA	I OR INICITI	ITION CIVE STREET	A. STATE	ryland	B. COU	NIY	13=11
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TO	VN (If outside	corporate limits, write	RURAL ond give	e township)
11						altimore			
17	11-	sian Mamamial	Ho and to	.1	D. STREET ADD				
5. S		nion Memorial	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	BO2 Power	9. AGE (In veors	If Under 1 Yr.	If Under 24 Hrs.
,	male	white		DIVORCED(specify) A I E D	12/20	104	lost birthdoy) 61	Manths Days	Hours Min.
10A	USUAL OCC	UPATION (Give kind of work	1 2		, - / /			12. CITIZEN O	
don	e during most of	working life, even if retired)	-			MO.		WHAT CO	UNTRY?
13.1	FATHER'S NA				14. MOTHER'S M	AIDEN NAME	7		
		?				,			
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	NO		-	212-03-9373	MARY W	MARELO	- 802 pow	ERS 57,	
	1B. if	211		CAUSE	OF DEATH				RVAL BETWEEN
	DISEA	SE OR CONDITION DIE	RECTLY	Antonio	an lowetin				
	(This does	not meon the mode of	dying, e.g.,	(A)DUE TO	scierotic	cardio	ascular di	sease	
	injury or co	n ostherio, etc. It meons implication which coused o	deoth.)						
		ANTECENDENT CAUSE	S	400					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO		••••••	3 0 H * H H H O O S H O S S S S S S S S S S S S		
-	UNDERLYI	NG CONDITION LAST.		(C)					
ERTIFICATION		li li		()					
3		NIFICANT CONDITIONS							
E	DISEASE C	R CONDITION CAUSING	IT.						
SE	19A. DATE O	F OPERATION 198, CON WAS PERI		WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS		
	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	no in or obout 21C. V	VHERE DID (If	in Boltimore City, giv	ve exoct locotion	1)
EDIC		OR CONTRIB-	home etc.)	, form, factory, street, o	ffice bldg., INJUR	OCCUR?			
11	21D TIME	(Month) (Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
	OF INJURY (APPROX.)			VHILE AT NOT	WHILE				
	22.			VORK L AT W					
		tify that I held an I					bosis, deoth in m		
	resu	Ited from: Natural con	ses X	Suicide			ndetermined monne	at [
	ACTUA	L 11/21	11 1.	9/-/-	ASSISTANT M	EDICAL EXA		DA	TE SIGNED
	SIGNAT		up or	M.D.	ASSOCIATE M			0/	16/66
	NAME (Type) Werner	U. Spi	t/z, M.D.	ASSOCIATEN	LDICAL LA		9/	10/00
	OVAL (Speci		23	C. NAME OF CEMETERY O	CREMATORY	23D. LO	CATION (City,	town, or county) (Stote)
11	BURIA		6 6	BRRAINEPA	n/c	130	16 10, 100.	The same	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	- 1 3 at	ADDR	ESS

SEP 20 1966 Realt E. Farkeyma VS 151-REV. 1/1/65



SAB-47-24-58

7432 BALTIMORE CIT	Y HEALTH DEPARTMENT V 66 09461
BIRTH NO. 66 09461 CERTIFICA	ATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED AGNES S. ZOLTOWSKT	2. DATE AND HOUR OF DEATH
(Type or Print) Acres A. Zaltauski	9-18-66 11/35 44
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A, STATE B, COUNTY
FULL NAME OF (If not in hospitol or institution, give street	Maryland Baltimore
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)
baltimore ofty mospitals	Dundal'k 53 70
4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)
Baltimore, Maryland 21224	1627 Lynch Road 21222
5. SEX Female 6. RACE White 7. MARRIED, NEVER MARRIED WIQUED, DIVORCED (specify) WIQUWED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	(Y 11. B)RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Germany U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adam Wagner	Antoniette Wagner
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-54-1373-1	Records: BCN-4940 Eastern Avenue 21224
18. 100 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	welfburntaket Soreana 2 yes
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injury ar complication which coused death,)	t + + + + +.
ANTECEDENT CAUSES (B) ANTECEDENT COURT TO	assiste to sur +
DISEASES OR CONDITIONS, if any, giving	
rise la lhe abave cause (A) stating the (C) UNDERLYING CONDITION last,	puso carum
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 121A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street,	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At Wor	k
22. I certify that (this haspital) ottended the deceased from	7-17 1966 to 9-18 1966
that (Mawe) lost sow the deceased alive on 9-18	196_6ond that in(🎻) (our) opinion death occurred on the dat
ond hour ond from the couses stoted above. (We) (did) (
23A-STGNATURE	23B, DATE SIGNED
	ttending Med. Stoff Phys. 4-18-66
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
Richard L. Bishop M.D	4940 Eastern Avenue, Baltimore, Maryland
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
Burial Sept. 21-1966 Holy Rosary	Dundalk, Maryland
	25C. FUNERAL DIRECTOR ADDRESS
SEP 20 1966 Clab E. Tarkey	JOHN J. DUDA, Dundalk, Md. 21222
VS 150-REV. 1/1/65	

Case and The same of the sa

Barber Barber Shop Italy 13. FATHER'S NAME Joseph LiPira 14. MOTHER'S MAIDEN NAME Glorios 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Height Cause Of Death	give township) 1 Yr. If Under 24 H Doys Hours Min. EN OF T COUNTRY? J.S.A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION 4641 Park Heights Ave. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Martied 10A USUAL OCCUPATION (Give kind of work loss, kind of working life, even if relired) Barber 13. FATHER'S NAME 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 18. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and Baltimore D. STREET ADDRESS (If rurol, give location) 4641 Park Heights Ave. 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 68 12/17/1898 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-01-6443 CAUSE OF DEATH	give township) 1 Yr. If Under 24 H Doys Hours Min. EN OF T COUNTRY? J.S.A.
FULL NAME OF HOSPITAL OR oddress or location) 4641 Park Heights Ave. Located Park Heights Ave. 5. SEX Male Married	give township) 1 Yr. If Under 24 H Doys Hours Min. EN OF T COUNTRY? J.S.A.
D. STREET ADDRESS (If rurol, give locotion) 4641 Park Heights Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 68 12/17/1898 103. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. Birthplace (State or foreign country) 12. CITIZE 46. Barber Barber Shop 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Heights Ave. CAUSE OF DEATH	EN OF T COUNTRY?
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years windowed), DIVORCED (specify) 12/17/1898 10st birthdoy) 68 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Barber Barber Shop Ttaly 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE WHAT 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Heights Ave. 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19	EN OF T COUNTRY?
Male White Widowed, Divorced (specify) 12/17/1898 S. DATE OF BIRTH (lost birthdoy) 68 Months: Darber Barber Shop Italy 13. FATHER'S NAME 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-01-6443 17. INFORMANT MARY LiPira, 4641 Park Height CAUSE OF DEATH	EN OF T COUNTRY?
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Barber Barber Shop Italy 13. FATHERS NAME JOSEPH LiPira 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) No 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Height CAUSE OF DEATH	J.S.A.
13. FATHER'S NAME Joseph LiPira 14. MOTHER'S MAIDEN NAME Glorios 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Height CAUSE OF DEATH	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Heig CAUSE OF DEATH	3.0
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 214-01-6443 Mrs. Mary LiPira, 4641 Park Heig CAUSE OF DEATH	50
18. 4.20, CAUSE OF DEATH	ADDRESS
DISTASS OF CONDITION DISTASS	NTERVAL BETWEEN
(This does not mean the mode of dying, e.g., DUE TO	NSET AND DEATH
Chis does not meon the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	13100
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	17/2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS OF DE CONDITION WAS PERFORMED	CONSIDERED EATH?
21A. ACCIDENT WAS UNDERLYING CAUSE OF OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., INJURY OCCUR?	exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work	14/20
22. I certify that (I) (this hospital) attended the deceased from 1966 to 1966	1949
23A. SIGNATURE Med. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Stoff Phys. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Phy	SIGNED 20/66
C. Richard Fravel M.D. Medical Arts Building	

9/22/66

1966

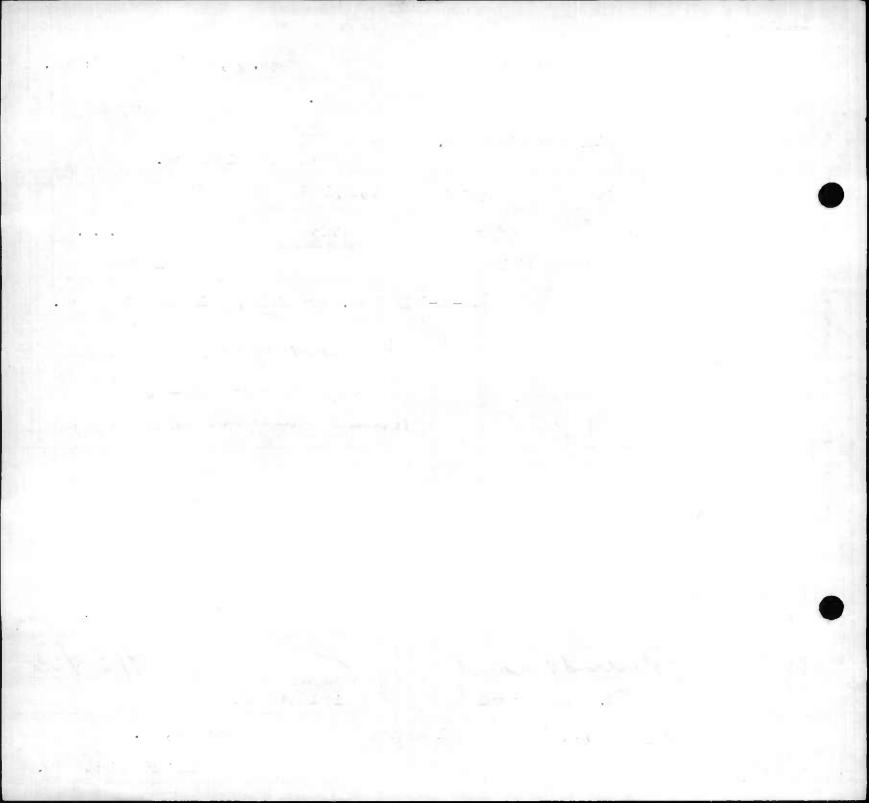
Burial

SEP VS 150-REV. 1/1/65 24C. NAME of CEMETERY of CREMATORY
Cathedral Cemetery
Baltimore, Md.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR
ADDRESS

Went Common 4611 Park Heights Ave.

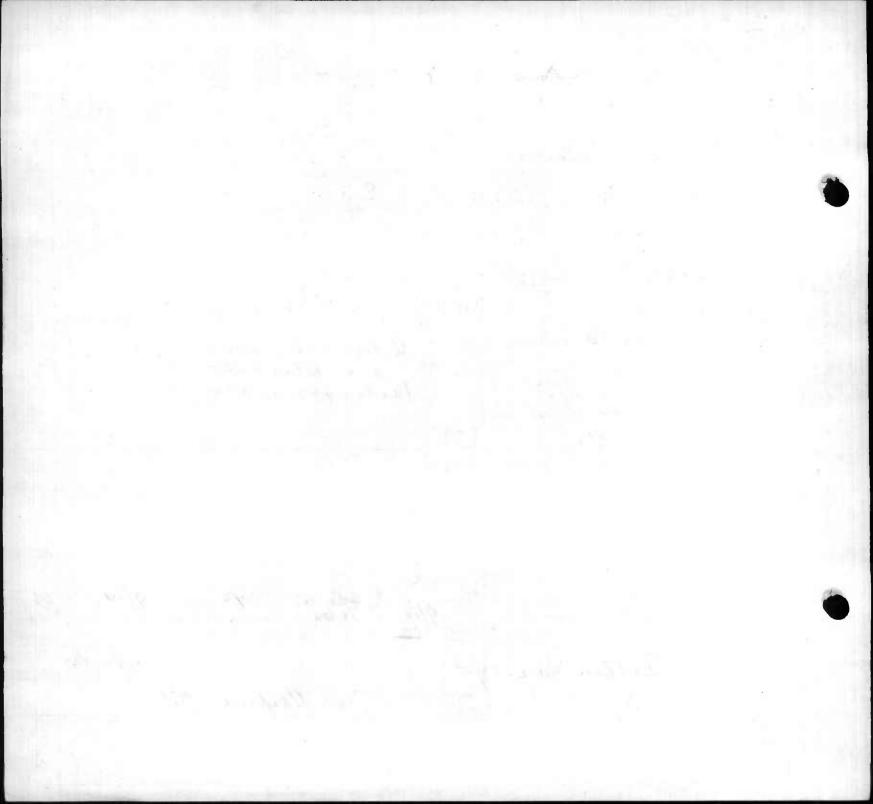


		BALTIMORE CITY I	HEALTH DEPARTMENT	66 06100
IAA	RTH NO. 66 19463	CERTIFICAT	TE OF DEATH Regi	stered No. <u>\$6</u> 09463
1.	NAME OF DECEASED		2. DATE AND HOUS	OF DEATH
	ype or Print) f/Llen	HOUG LAS	Sept 14	4 1966 1 9:30
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Where deceos A. STATE B. COUNTY	ed lived. If institution: residence before ad
	FULL NAME OF (If not in hospital or institution		Md	BAL10 21-
	HOSPITAL OR oddress or lacotion) INSTITUTION		K /	limits, write RURAL and give township)
17	2 2/22		D. STREET ADDRESS (If ryrol, give	
	3/23 CLEARVIEN	1100	3123 CLen	Rulen Ne
5.		ED, NEVER MARRIED WED, DIVORCED (specify)	Sep 30 1894 Post birth	
	A. USUAL OCCUPATION (Give kind of work 108 KIND	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT, COUNTRY?
	MAIN TANCE	ALTORY	VA.	7154
	B. FATHERS NAME	1 - 1 - 7	4. MOTHER'S MAIDEN NAME	
	Jacob D.	/ 6		~ ~ ~ ~
15	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 1	Lena 7. INFORMANT	ADDRESS
(Y	es, na ar unkna wn) (If yes, give war or dotes of selvic		Restin D	
1	// 0	CAUSE OF	DEVILE DOG	ShAS JAM
	18. 4 22 / I	CAUSE OF	DEATH	ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(/4	Tenande Tu	
	(This does not mean the made of dying, e		01-0	
	heart failure, asthenia, etc. It means the disea injury at camplication which caused death.)	ise,	D. V. Misera	serse
	ANTECEDENT CAUSES	(B) Par	Kenson's De	elfak-
	DISEASES OR CONDITIONS, if any, giv	ing		
	rise to the above cause (A) stating UNDERLYING CONDITION last.			
	GREETING CONDITION IGST,			
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING		
A TI	TO THE DEATH BUT NOT RELATED TO			
TIEL	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	IN CE	YES, WERE FINDINGS CONSIDERED
1 0	× V	150	No	
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	It in Baltimare City, give exact lacation)
3	DEATH (natify medical examiner)	etc.)		
1	21D. TIME (Month) IDay) IYear) IHauri	21E, INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?
1	(APPROX)	While At Not While At Work		
	22. I certify that (I) (this hospital) attende		apr. 15. 19 46	to 9/14 19
	that (I) (we) lost sow the deceased alive of	alui	, , , ,	y) (our) apinion death accurred on t
11	ond hour and from the causes stated above	// /		, , ,, ap.iii accomac on
		VI (II O) (UIU) (UIU) VI	en the body dilar dediti.	23B. DATE SIGNED
	23A. SIGNATURE			/ /.
	23A. SIGNATURE	M.D. Atten	ding Staff	4/16/66
	nother Jan	Phys.	Director Phys.	9/16/66
	23A. SIGNATURE Author 23C. PHYSICIAN'S NAME IType)	Phys.	Adding Med. Stoff Phys. 3D. ADDRESS	Pd. 9/16/66
	23C. PHYSICIAN'S NAME ITYPE) NATHAN JAN	Phys. Phys. AMEY M.D.	3D. ADDRESS 7/0/ Harpord	Rd.
24	23C. PHYSICIAN'S NAME ITYPE) NATHAN JAN	Phys.	3D. ADDRESS 7/0/ Harpord	Rd.
24	23C. PHYSICIAN'S NAME IType) AA. BURIAL CREMATION, 24B. DATE [246]	Phys. AND. NAME OF CEMETERY OF CREA	3D. ADDRESS 7/0/ Harpord	Rd.

1966

VS 150-REV. 1/1/65

ADDRESS ARTORX



VS 150-REV. 1/1/65

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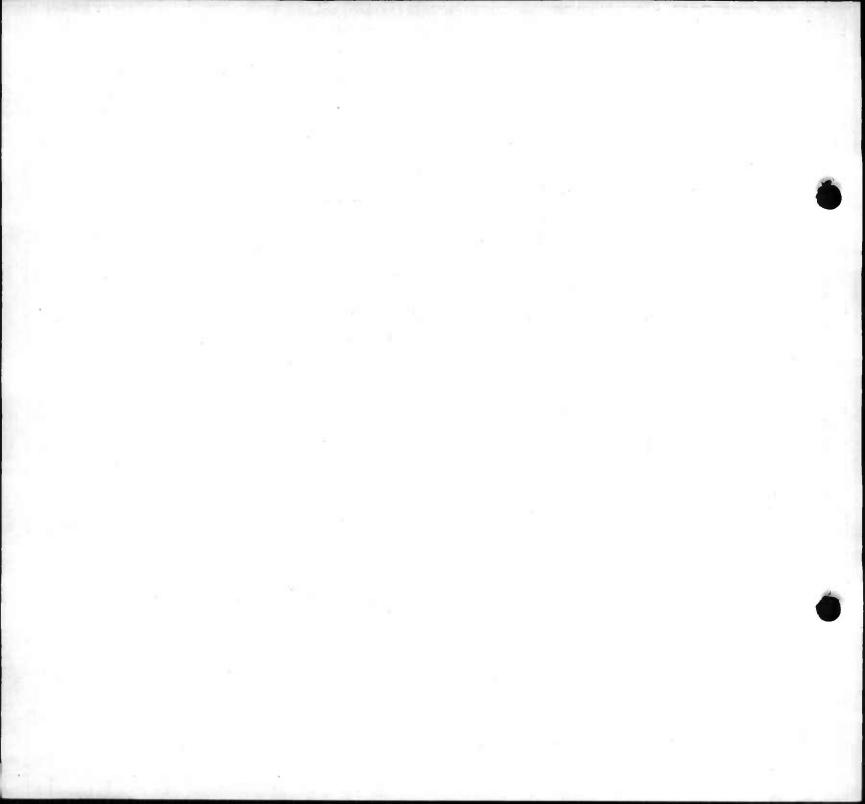
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61-6 59 -6-9

WM. a. Enason

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	ns are embalmed or final disposition is made.	
This certificate must be approved by the chief	the body was released to the hospital by a r	shows: (1) An accident of any nature; (2) Body	was D.O.A. at a hospital (except where the	deceased prior to death); and (6) No physici	written approval must be obtained before the remains are embalmed or final disposition is made.	

	(3300) 004	!		BALTIMORE	CITY HE	ALTH DEPAR	TMENT		ee	110ALS	
	DIRTH NO. 09465				CERTIFI	CERTIFICATE OF DEATH Registered No. 66 09465							
	1. N	AME OF DECE	ASED						2. DATE AN	DHOUR OF DEA	тн	10	
	, ,	ne or Print)	ELT	RID	SE	SCOTT			9	116/6	6	1210	M.
	3. P	PLACE OF DEA	TH IN BALTIA	AORE, MAR	rLAND		4. A.	STATE	B. COUN	e deceosed lived. I	l institution: r	esidence before admiss	ion)
	F	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION				give street	c.	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)				2	
4	1	2	Sinia	Hosp:	ital		D.	Balto.		urol, give location)			
0							3535 Virginia Avenue						
mad	5. S	EX.	6. RACE	GRO	WIDOWED	NEVER MARRIED D, DIVORCED (specif	y)	ATE OF BIRTI	1	9. AGE (In years lost birthdoy)	If Unde Months	Doys Hours Min	
5 .						BUSINESS OR INDI		BIRTHPLA CE	State or forei	gn country)		ZEN OF AT COUNTRY?	
0	done	e during most of w	vorking life, eve	n ir retired)				arylar	nd			ISA	
osi	13.	FATHER'S NAM	\E					MOTHER'S M		A E			
disposition			Andre	w Coa	tes			Hil	da Sc	ott			
	15. V (Yes	Wos Deceased s, no or unknown)	Ever in U. S.	Armed Force	of service)	16. SOCIAL SECURITY NO.	17.	NFORMANT				ADDRESS	
final						217-12-38	338	Margar	et Sc	ott 353	5 Vir	ginia Ave.	
0		1B. 5 9	2 XI			CAU	SE OF D	ATH		-175		INTERVAL BETWEEN ONSET AND DEATH	
			E OR COND		CTLY		00	ngein	IVE	7+7, LAIL	V-Pas	ONSEL AND DEATH	
ne		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO											
<u> </u>		heart failure,				DUE T	9		_				
embalmed		injury or com	,		death.)	. (148	onec	Perus	ac Dise	- 95		
			NTECEDENT			DUE TO	0	0,000			1170		
are s		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.											
ini		UNDERCTING	CONDITIO	1 (05),									
remains	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
the	FICA	19A. DATE OF			ITION FOR	WHICH OPERATION		20 A. AUTOPSY	? (Yes or No	20B, IF YES, WE	RE FINDINGS	CONSIDERED	
	ERTIFI	2						ye	2		140		
before	CALC	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING 🗌 CAU	SE OF	hom etc.	PLACE OF INJURY ie, lorm, loctory, stre)	(e.g., in or set, office	obout 21 C. Wh bldg., INJURY	OCCUR?	(If in Baltir	nore City, giv	ve exact location)	
ed	/EDI	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)		INJURY OCCURRE		21 F. HO	M DID INT	URY OCCUR?			_
ained	>	(APPROX.)			Wh		Work _		1		100	, ,	/
opt		22. 1 certify tha (1) (this haspital) attended the deceased from 17 Am 9/16 19 66 to 12 Fin 9/16 19 66,											
pe		that (1) (we)	lost saw the	deceased	l alive on	9/12/6			ond the	ot in(my) (our)	opinion dea	th accurred an the	dote
				uses state	d obave.	(qid) (did)	not) view	the bady of	ter deoth.				
must		23A. SONATU	RE			000	A 11 11-		- 4	-42.23	23B, DA	TE SIGNED	
			au	20	1	Led M.D.	Phys.	L Di	ed. rector	Phy s.	9	1/6/66	,
approval		PHYSICIA NAME (T)			7	T.		ADDRESS			L	/	
D D	244	BURNAL CREA	AATION 12/B	DATE	124C N	AME of CEMETERY	M.D.	TORY	240 14	CATION	(City town	(\$4-1	-1
	244	REMOVAL (S		/						OCATION	(City, town,	or county) (Stote	21
ritten	25A	Burial		-20-60		Auburn of REGISTRAR	Geme	tery		ltimore,	Mary	land ADDRESS	
W	234	CED		66 (1)		farbout.				elson 13	M SA	Calhoun S	3+
33	VS	150-REV. 1/1/6		OO CIN	OBN T			de or Re	U er all	CTSOIL 1)	MO IN.	OCTUOUI L	,0.

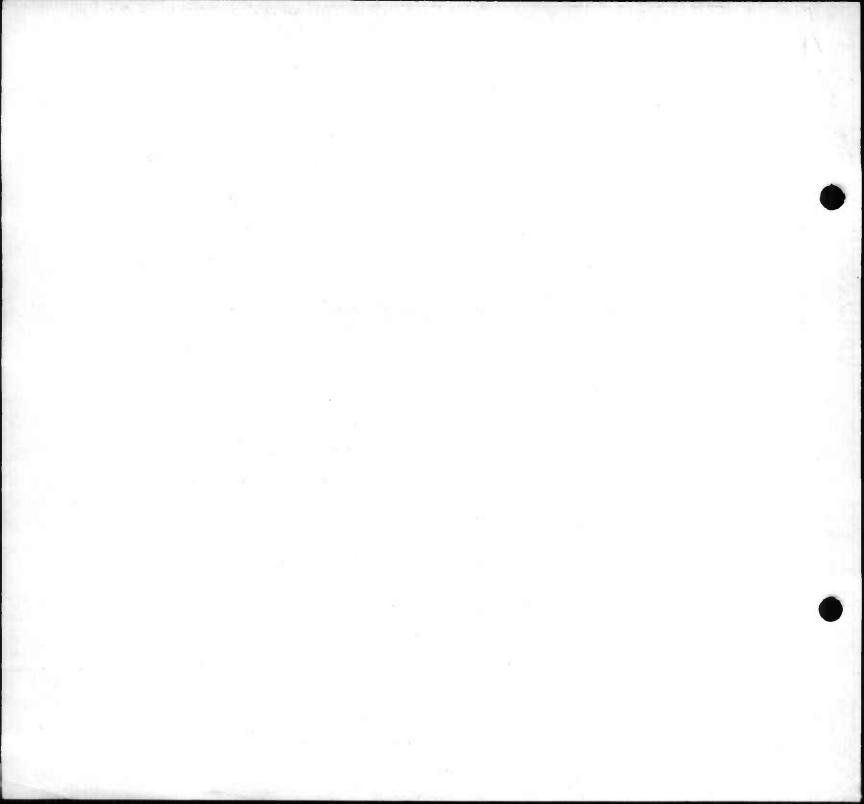


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BALTIMORE CITY HEALTH DEPARTMENT Registered Na._ CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence 1+imore (If outside city limits, write RURAL and give township If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact tocation) Apparently inadvertent, self administered and that in (my) (aur) apinion death accurred on the date 23B. DATE SIGNED 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

bual - 14

		52-	Da valor		BALTIMORE CITY	HEALTH DEPARTMENT		00 00400
	,	H NO.	66 09467		CERTIFICA	TE OF DEATH	Registered No	66 09467
	1. N	AME OF DEC	EASED	· - · · · · · · · · · · · · · · ·			ND HOUR OF DEATH	
		e or Print)	1	UKE		JEPT	T. 19, 1966	12.05 A. M.
	3. P	SINA!	ACSPITAL		LTIMORE	4. USUAL RESIDENCE (Wh A. STATE B. COU		tution: residence before admission)
	F	ULL NAME O			. 0	MARYLAND		15-10
	F	NSTITUTION	oddress or locotio		3	C. CITY OR TOWN (If o		RAL and give township)
4	(1))				BALTIM		
7	0					Δ	frurol, give locotion) ARK HEIG147	-C AVE # 15
5	5. S	PV	6. RACE	7 44 4 8 8 1 5 7	NEVER AAA BRIED	B. DATE OF BIRTH		
BEI		MALE	ColoRED	WIDOWE	D, DIVORCED (specify)	MAY 10, 1894	7.2	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			JPATION (Give kind of wor working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for		12. CITIZEN OF WHAT COUNTRY?
2		PTEVE FATHERS NAM	DORE			S. CAROLII	NA	U.S.A.
5	13.					14. MOTHER'S MAIDEN NA		A
5		WA	SHINGTON	THON	AAS	HESTER	, PETTIC	SREW
3	15. \ (Yes	Was Deceosed	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		YES	UNKNOWA		212-09-6159	HESTER AL	StON 3655.	PARK HEIGHTS
5		1B.	9 X I		CAUSE O	F DEATH		INTERVAL BETWEEN
5			E OR CONDITION DI	RECTLY		21- 1.010	A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	labet.
Ē			al mean the made of	dying, e.g.,	(A)	N/O Juliu	ardice in	Jour
5		heart failure,	asthenia, etc. It means plication which caused	the disease,		myoch	volice ity	Lard.
			ANTECEDENT CAUSES		(B)	general de	bility	
0			OR CONDITIONS, if		DUE TO	9	1	
5		rise to the	a bave cause (A) CONDITION last.		(C)	melectatic	careenor	na to the
		OIADEKEIIIAG	CONDITION Idsi.			Lee	ing.	
E	Z	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTIN	G .		V	(10 0 1-)
4	ATI	DISEASE OR	EATH BUT NOT REL CONDITION CAUSING	IT.	Jecus	le aleur	carcusm	2 (10 617)
12	ERTIFICATION	19A. DATE OF	WAS PER	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
ore	CER	21A. ACCIDEN	T WAS UNDERLYING	ural e	PHILLIAN DICKNISTANCE OF	HUM SHOOM 21C. WHERE DID	(If in Boltimore C	City, give exoct location)
6	AL	OR CONTRIBU	Medicol exominer	hom etc.	form, foctory, street, of	ffice bldg., INJURY OCCUR?		, ,
0	U	21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
аше	MEDI	OF INJURY (APPROX.)			ile At Not Whil			
DIC			that (I) (this hospita	Wo	-	web. 19	10 66 Sep	d: 19 1066
9			lost saw the deceos		ne deceosed irdin	1 60		an death occurred on the date
					,	view the body ofter death.		
SOL		23A. SIGNATU	RE			·	2	3B. DATE SIGNED
E		Rei	maldo P.	Waelr	ear M.D. Atte	ending Med. S. Director	Stoff Phys.	Sept. 19, 1966
0		23C. PHYSICA NAME (T	N'S ype)			23D. ADDRESS		
n approva					M.D.			
5	24A	REMOVAL	MATION, 24B. DATE	24C.N.	AME of CEMETERY OF CRE	EMATORY 24D.	LOCATION (City,	town, or county) (Stote)
5		BURIAL	6 44	66 BA	9140. Nat11.	CEMETERY E	BAH: MORE	ADDRESS
	25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		
5		SEP	20 1966 (2)	years &	Farbagas	GEORGE KEL	SON 1348 N	Calhour St.



Jones Cemeter

258. NAME OF REGISTRAR

25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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Arundel

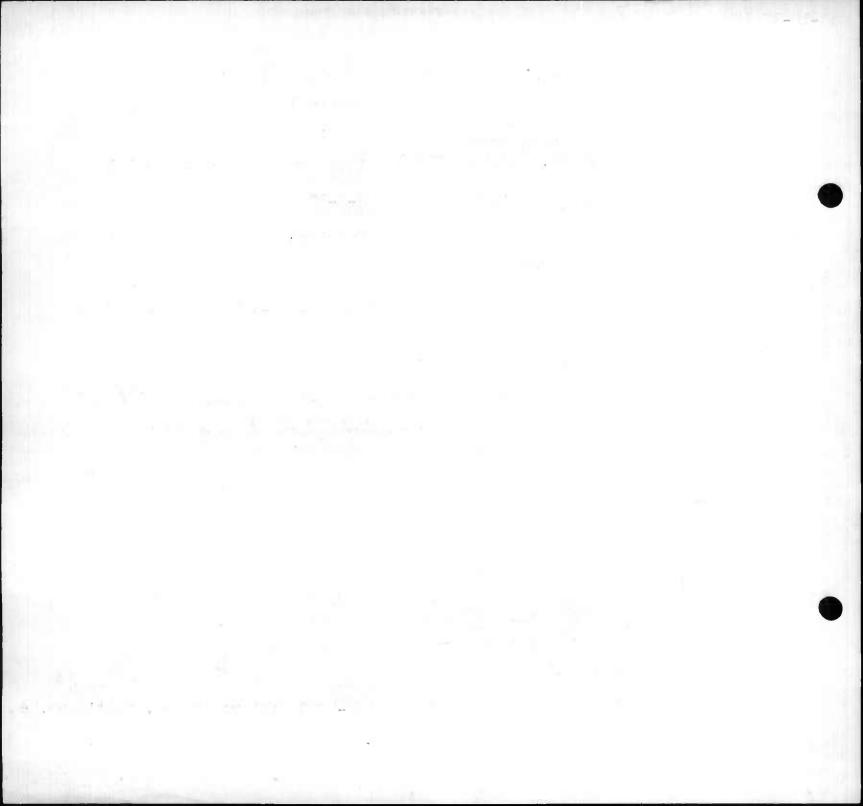
Kelson

25C. FUNERAL DIRECTOR

Maryland

ADDRESS

Calhoun St.

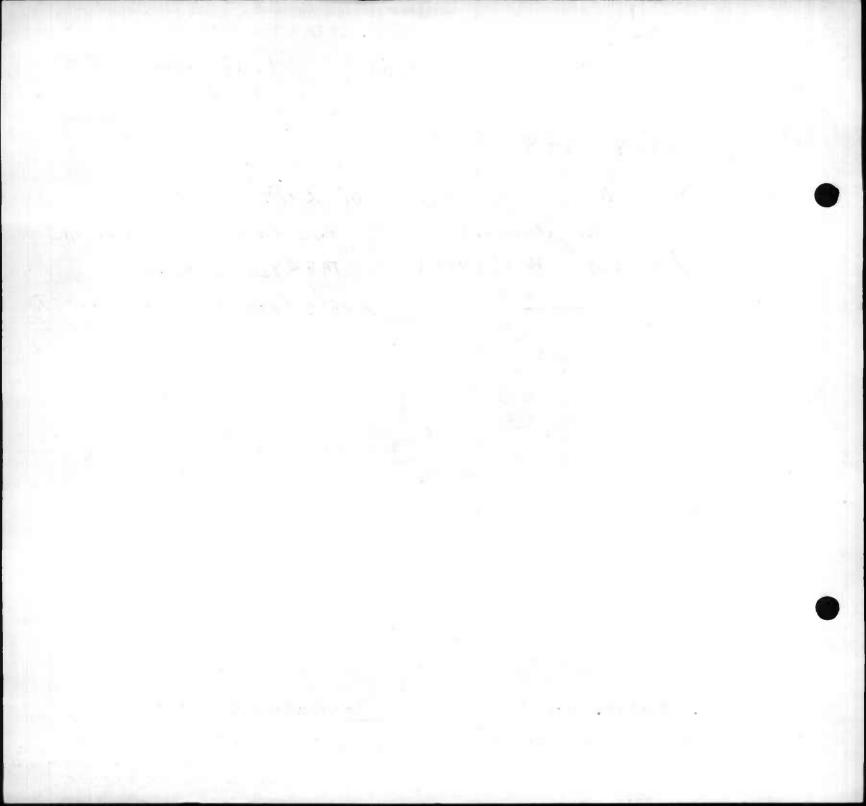


GENTIEICATE OF DEATH Registered No. 86									
CERTIFICATE OF DEATH	09469								
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	2. DATE AND HOUR OF DEATH								
John Tyler Lee 9-19-66	9-19-66 5:00 a.								
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution B. COUNTY B. COUNTY	n: residence before odmission								
FULL NAME OF (If not in hospital or institution, give street Maryland	6-02								
HOSPITAL OR oddress or locotion C. CITY OR TOWN (If outside city limits, write RURAL Provident Hospital	C. CITY OR TOWN (If outside city limits, write RURAL and give township)								
Di Baltimore,	Baltimore.								
D. STREET ADDRESS (If rurol, give location)	D. STREET ADDRESS (If rurol, give location)								
Baltimore, Maryland 21217 1125 Whatcoat Street									
M 7 27	nder 1 Yr. If Under 24 Hr hs Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF VHAT COUNTRY?								
done during most of working life, even if retired) Unemployed— Virginia	V.S.A.								
12. FARHUES NAME	0.0.2.								
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS								
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 096-16-4530 Hilda Gale 1125 Wha									
	accoat St.								
18.5 9 3 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Preumonia, Possible									
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	20 Days								
hearl failure, osthenia, etc. It meons the disease,									
ANTECEDENT CAUSES (B) DUE TO									
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the (C) Uremia, Renal Failure									
UNDERLYING CONDITION lost.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
d DISEASE OR CONDITION CAUSING IT.									
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	FINDINGS CONSIDERED AUSES OF DEATH?								
WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City,	lima City di City								
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	timore City, give exact location)								
W OF INJURY	21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work								
22. I certify that (I) (this hospital) attended the deceased fram August 30, 1966 to September 19, 1966									
that (I) (we) lost sow the deceased alive on September 19, 19 66 and that in (my) (our) opinion death occurred on the data									
ond hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death.	ATT CIONED								
/ Your	23B, DATE SIGNED								
Phys. Director Phys. D	20-66								
23C. Physician's NAME (Type) Provident Hospital 1514 Div	rision St.								
Ramachrandran, M.D. Provident Hospital 1514 Division St. Baltimore, Maryland 21217									
	n, or county) (State)								
	vland								
DEA DATE DECID BY UPALTU DEBY JOSE MANUE OF RECISTAND	ADDRESS								
0 1-11-4	Calhoun Stre								
1 .11 / U 1000 (IIAK)									



SEP VS 150-REV. 1/1/65

(10 11) A 711)	BALTIMORE CITY	HEALTH DEPARTMENT	66 09470
BIRTH NO. 66 1) 9470	CERTIFICA	TE OF DEATH Registered No.	00 03210
(Type or Print) MV. Hipolit	RASINSK		6 5:30 A
FULL NAME OF HOSPITAL OR address or location	ution, give street	A. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY C. CITY OR TOWN (II outside city limits, write	24-01
TUNION MEM.	HOSPITAL	D. STREET ADDRESS (If rural, give location)	57
M W	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH O. AGE (In years birthdoy) 80	If Under 1 Yr. II Under 24 Hr Months: Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of wark 10B, KII dane during most of working life, eyen if relired)	1	POLAND	12. CITIZEN OF WHAT COUNTRY?
John RX	75 INSKI	MARXINAL L	och
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dates of se	vice) 16. SOCIAL SECURITY NO.	MARYZNAZ L 17. INFORMANT Sephie Rasinski is	address ST.
18. 3 8 7 0 I DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made at dying, heart failure, asthenia, etc. 11 means the disinjury ar camplication which caused death.)	sease,	Ente panereal to	- 7
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION tast.			2h
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE (home	: empyrema AS	CVD
19A. DATE OF OPERATION 19B. CONDITION DE 2 1966 BERFORMET DE 2 1 966 BERFORMET DE 2 1 A. ACCIDENT WAS UNDERLYING DE CAUSE OF DEATH (notify medicol exominer)	FOR WHICH OPERATION TIVE COMMON TO THE PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID (II in Baltimor	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work		
22. I certify that (this hospital) attenthat ((we) last saw the deceased aliverand hour and from the causes stated about	on 09.17	19 66and that in(my) (aux) op	nion death accurred an the d
23A. SIGNATURE B	M.D. Att.	ending Med. Staff.	9. 17. 1961
23C. PHYSICIAN'S NAME (Type) Dr. Gissalder Hretz BR	ET2 M.D.	23D. ADDRESS The Union Mamorial Hobsil	MIAL HOSP.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Bur-12/ 9/20/46	Holy Rosar	· Contery Balting	ity, tawn, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR L, STOVE	-us Funder Hon



40-51-76

and

Such

7	7			BALTIMORE CIT	HEALTH DEPARTMENT			
BIRT	H NO.	66 094	71	CERTIFICA	TE OF DEATH	Registered Na.	66 09471	
	CASE NO.		- 1	G =1(11110)		NIE LIGHT OF BELTH		
	AME OF DECEA					AND HOUR OF DEATH		D
	1	Mary G. Lev				mber 19, 196		P. M
3. P	LACE OF DEAT	H IN BALTIMORE, A	AARYLAND		A. STATE 8. COL	here deceosed lived. If in JNTY	nstitution: residence before odm	nission)
FULL NAME OF HOSPITAL OR INSTITUTION		oddiess or location)			Maryland			
					C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)	
			_	Hospitals	Baltimore		16-5	
2/		4940 East			D. STREET ADDRESS	If rurol, give location)		
		Baltimore	, Mary	land 21224	1151 N. Bent	alou Street	21216	
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				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
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12	FATHER'S NAME	mire			Virginia	AAAE	U. S. A.	
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	William	Ca	uls	/	Mary Nelson			
15. \ (Yes	Wos Deceased E	ver in U. S. Armed If yes, give wor or d	Forces? otes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	7/ /3				RECORDS:BCH 4	940 Eastern	Avenue 21224	
	18. // / =	5 Y 1		CAUSE C	OF DEATH		INTERVAL BETWEE	N
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CERTIFICATION	*				Yes	YES		
	OR CONTRIBUTI	WAS UNDERLYING	•	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(It in Boltimor	re City, give exact location)	
MEDICAL	DEATH (notify n	nedical examiner		etc.)				
103	21 D. TIME (Month) (Doy) (Ye	or) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IF	NJURY OCCUR?		
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				_ /			inion death occurred an th	ne date
		/	tated abav	e. (1)(We) (did)/(did nat)	view the body after death	1.		
	23A. SIGNATURI		, /			1	23B. DATE SIGNED	

Med. Director

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Attending Phys. 23D. ADDRESS

Joel Richmon Dr.

Baltimore City Hospitals 4940 Eastern Avenue 24D.

M.D.

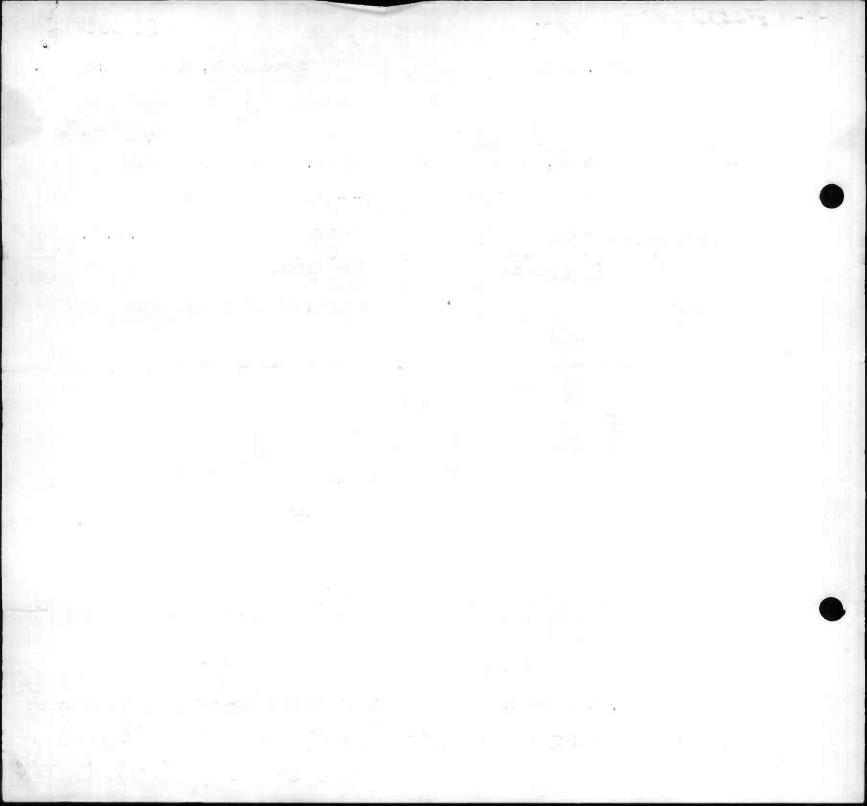
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FUNERAL

VS 150-REV. 1/1/65

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION,



9/17/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) Sudlersville, Maryland Burial Sept. 21,1966 Sudlersville Cemetery 24R NAME OF REGISTRAR 24C. FUNERAL DIRECTOR George J. Gonce-4001 Ritchie Hgwy. -Baltimore VS 151-REV. 1/1/65

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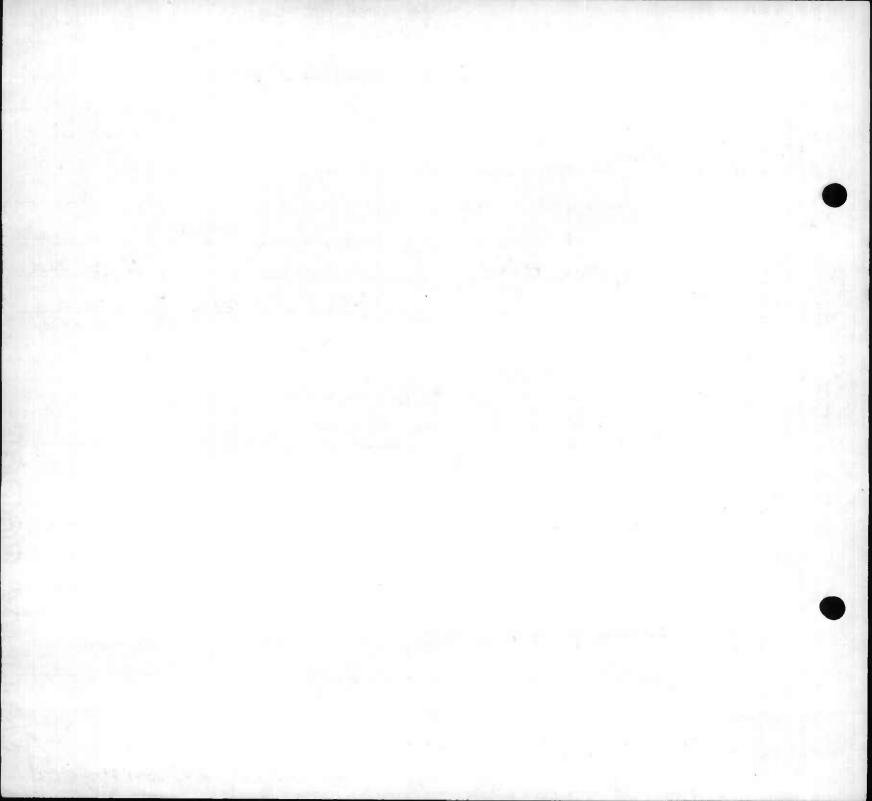
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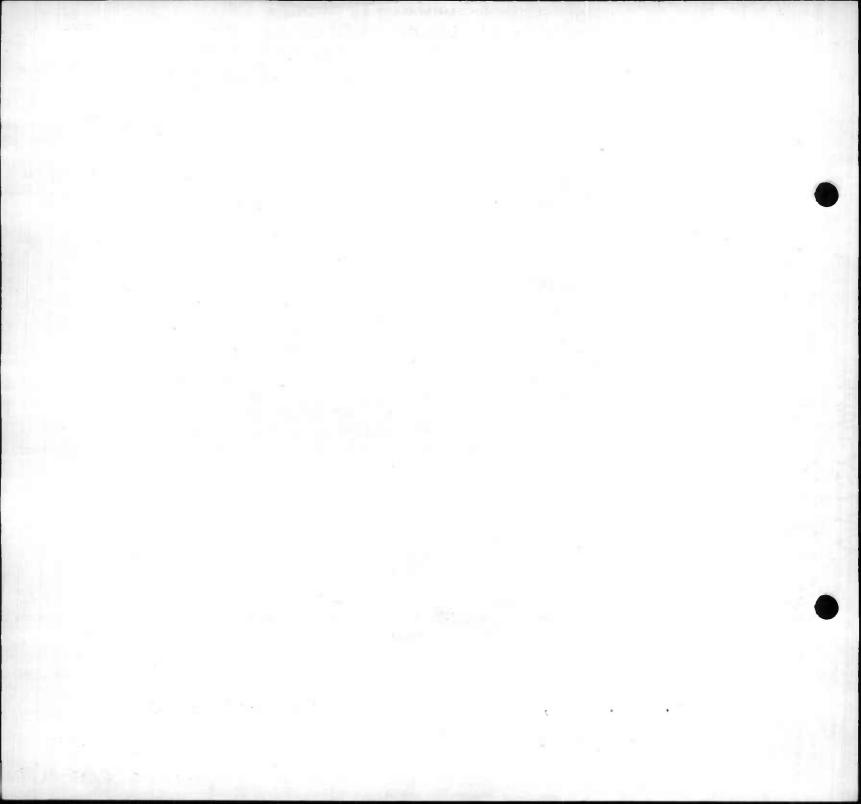
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BALTIMORE CITY HEALTH DEPARTMENT 66 09473 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 6 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE Md FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Maryland General Hospita (If rurot, give ? disposition is made. 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours lost birthdov CAUC 4-15-76 90 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 050 Truck driver - Forma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever is U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. 215-10-1094 INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE crimons releasion DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc. MEDIC obtained (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram .19 that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23B, DATE SIGNED Attending Stoff Phy s M.D. Med. Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type Manland M.D. Le146 TON beneval 24A, BURIAL CREMATION, 24B, DATE City, town, or county) (Stote) REMOVAL (Specify) written 25A. DATE REGO 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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St.	-	GG ODAMA	BALTIMORE CITY	HEALTH DEPARTMENT		00 00424
7		H NO. 66 U9474	CERTIFICA	TE OF DEATH	Registered Na	66 09474
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		Clara Margare	Kohlman	Sept	17,196€	6:45 A-M
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	: deceoded lived. If inst IY	titution: residence before admission)
	H	ULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (If outs	side city limits write RI	JRAL and give township)
LA	11	NSTITUTION	/ / /	Bathmore	and only minis, while he	26-62
	1	Inion Memorial	Hospital	D. STREET ADDRESS III IN 4218 Stanwa	nod ave	
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100	13- 1	FATHER'S NAME	ic marcing	14. MOTHER'S MAIDEN NAM	1 63	1
disp	1	Savid F. Daynes	5	Mamie 0	Brien	
_	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) Ilf yes, give wor or doles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	V 11.	ADDRESS
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		Hat E. Matson	A.D. Atte	nding Med. Director	Stoff Phy s.	9/17/66
approval		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1./
ppr		Dr. Nat E. Watson, Jr	M.D.	The UniOn Memor	rial Hospita	
	24A	REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LO		, town, or county) Stote)
ttei	13	1.01	OLY REDEEN		TLTIMORE	MIS
written	25 A	. DATE REC'D BY HEALTH DEPT. 25B. NAME	e OF REGISTRAR	25C. FUNERAL DIRECTOR	VERN LAME	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

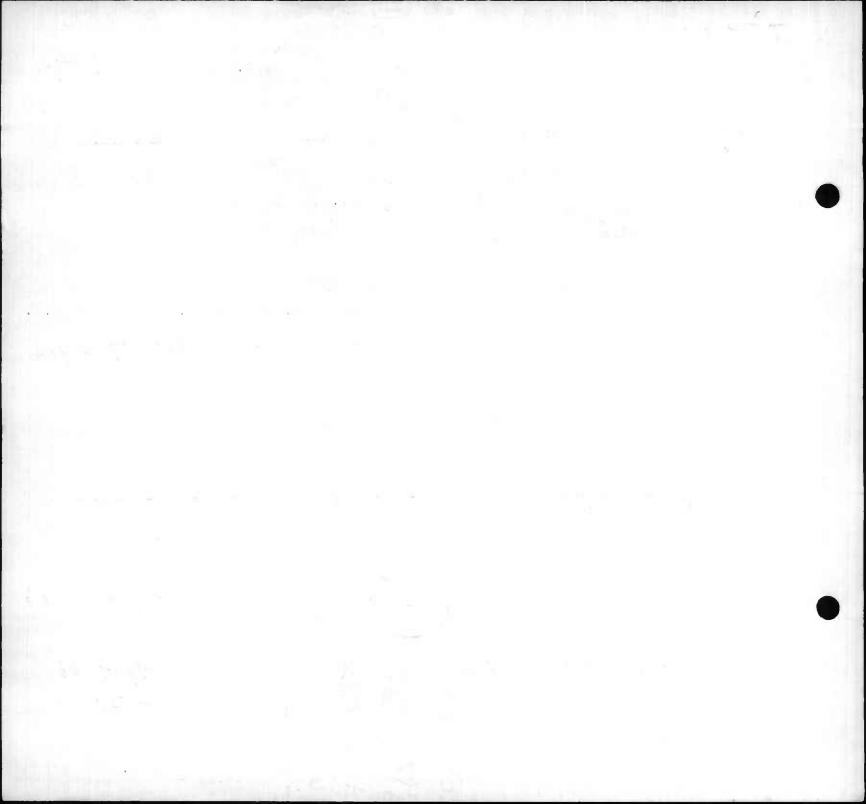
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1. NAME OF DEC	EASED		2, DATE AI	NO HOUR OF DEAT	H 035
(Type or Print)	ELTZAB	ETH JEAN FAUGHT	Ser	t.16,196	6 9 33
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceosed lived. If	institution; residence before
FULL NAME O	F (If not in hospital	or institution, give street	Maryland		
HOSPITAL OR	oddress or location		C. CITY OR TOWN (If ou		e RURAL and give township)
10	201 Athol	Gate Lane	Baltimore		24-04
				rurol, give location)	~ ~
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_		WIDOWED, DIVORCED (specify))	9. AGE (In years lost birthdoy)	Months Doys Hours
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VS 150-REV. 1/1/65

1966 Robert E. tarbuma 20

BALTIMORE MARYLAND

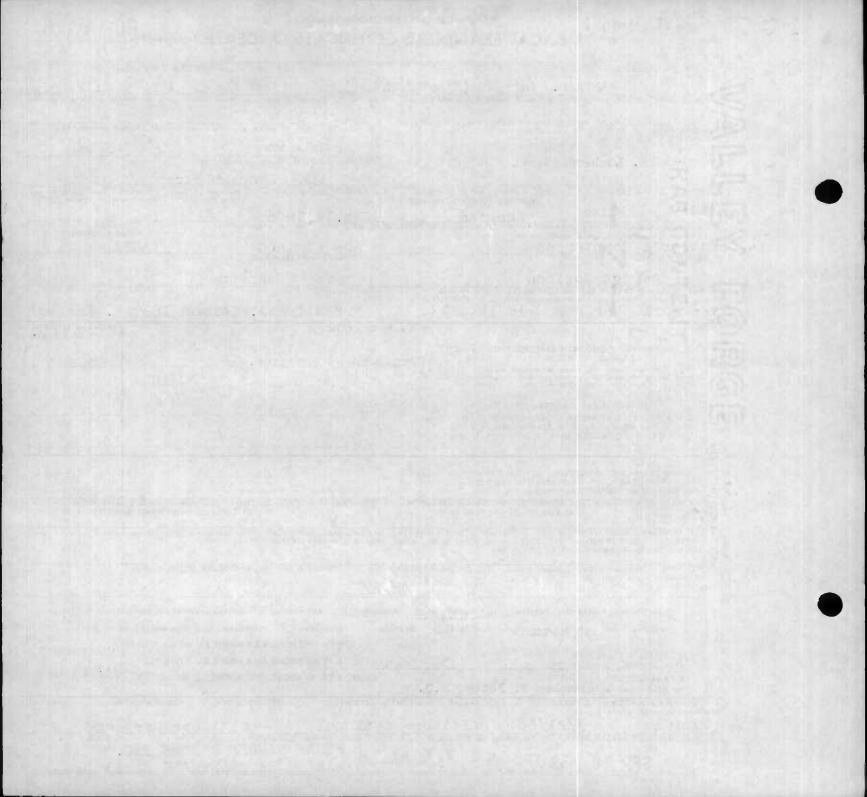


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VS 151-REV. 1/1/65

L-635	66 ()9476 MED	ICAL E	BALTIMORE CITY HE			DEATH Reg	istered No.	6 (9476
0000	M.E. CASE NO.		44444							
Jr 250	1. NAME OF DEC		TARGO	N / TOUTHNESS T	******** *		AND HOUR PRONOL			
V	3. PLACE IN BALTI	ELMER A.	LARSO		LMARI)	Sep RESIDENCE (Who	otember 17, ere deceosed lived. If B.	1966	8:	15 P M.
					A. STATE	Maryland	В.	COUNTY		
	HOSPITAL OR	ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET			side corporate limits,	write RURAL	ond give	e township)
	INSTITUTION					Baltimor	e	2	0	2
0	1837 E	. Lombard St	creet		D. STREET	ADDRESS (If ru	rol, give location)		-	
	5. SEX	6. RACE	TV AAA DDIE	D ALEVER ALABRIED	ID DATE OF		Lombard St		1 4	1/ 11 1 0/ 10
				D, NEVER MARRIED , DIVORCED (specify)	B. DATE OF		9. AGE (In yellost birthdoy)	Months		If Under 24 Hrs. Hours Min.
REAL PLAN	Male	White	Mar	ried of Business OR INDUST	Jan.	14, 1906	60	12 CIT	ZEN OF	
	done during most of w	orking life, even if retired)		OF BUSINESS OF HIDUSI				WH	AT COL	
	13. FATHER'S NAM	Counterma	TIT			Finlan S MAIDEN NA		US	3A	
	A11	gust Jokin	en		T-	ro Tin	known			
	15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMA		Allowii	ADDRES	SS	
		d War # 2	118	SECURITY NO. 14 3873	Mrs	Wilma	A. Larson	1837	F	bredmoi
3 - 4 - 4 - 5 - 4 - 4	1B.	- V		1	SE OF DEATH		Zi. Del Boil	1071		EVAL BETWEEN
	DISEAS	E OR CONDITION D	IDECTI V						ONSE	ET AND DEATH
		LEADING TO DEATH	4	(A) Carc	inoma of	Pancrea	as.		100	
	heart failure,	of meon the mode of osthenio, etc. It meon policotion which coused	dying, e.g. s the diseose	DUE TO						
									1 9	
A DESCRIPTION OF THE PROPERTY		DR CONDITIONS, IF		(B)						
	RISE TO THE	G CONDITION LAST.	TATING THE	DOE 10						
	z			(C)			000000000000000000000000000000000000000			
	OTUES SIGN	II	CONTRIBUT	TING		Y. M.				
	S TO THE I	DEATH BUT NOT RE	LATED TO							
	E DISEASE OK	OPERATION 198, CON		WHICH OPERATION	20 A. AUT	OPSY? (Yes or N	lo) 20B, IF YES, WEI	E FINDINGS	CONSID	ERED
	0		RFORMED			o	IN CERTIFYING			
	O UNDERLYING		21 6	B. PLACE OF INJURY (e.g.	, in or obout 21	C. WHERE DID	(If in Boltimore Cit	y, give exoct	locotion)	
	UTING CAUS		etc)	Ollice bidge, ITA	JOKI OCCOK:				
	DE INJURY	(Month) (Doy) (Yea	or) (Hour)	21 E. INJURY OCCURRED	21	F. HOW DID IN	NJURY OCCUR?			
	(APPROX.)		m.	WHILE AT NO	WHILE WORK					
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		ed from: Notural ca				micide	Undetermined m		חכ	
	165011	ed Hom. Notorol Ca	0563 21	Accident			EXAMINER	onner		
	ACTUAL		1	1/1-			EXAMINER X		DA	TE SIGNED
	SIGNATU		Laur	J racy M.			EXAMINER .		9/18	/66
	NAME (T	ype) Charle		etty, M.D.						
	23A. BURIAL CREA REMOVAL (Specify)		- 2	23C. NAME of CEMETERY	or CREMATOR	Y 23D	LOCATION	(City, town, or	county)	(Stote)
	Burial	9/21	166	Baltimore	Nationa	al	Baltimor	e Mary	lan	d
WE HELDER	24A. DATE REC'D			E OF REGISTRAR	UI	NERAL DIRECT	OR		ADDRE:	
	S	EP 20 1966	(P. D.)	& E. FarberMa	BA BA	ALTIMOR	NDER & SO			

37-6-6-6-0-9-9-9-8



- P	E. CASE NO.	ASED			O DATE	AND HOUR OF DEATH	
	pe or Print)		n Hawki	ne		9-18-66	
3.	PLACE OF DEAT	H IN BALTIMORE, MA		.118	4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence be
					Maryland	YTAL	
1	FULL NAME OF HOSPITAL OR	oddress or locatio	n)		C. CITY OR TOWN (IF	outside city limits write	RIIRAL and give town
	INSTITUTION	Providen	t Hospi	.tal	Baltimore,	outside city littins, write	14-03
36	1	1514 Div				If rurol, give location)	1, 00
1	/	Baltimor	e, Mary	land 21217	1902 McCul	loh Street	
5. 5	SEX	. RACE	7. MARRIED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Yr. It Months Days Ho
	Male	Negro	Wide	wer	5-8-05	61 vrs.	Total IIIs Days
		PATION (Give kind of wor	108. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or fo	reign count.	12. CITIZEN OF WHAT COUNT
aan	Umemple	red DACKE	1 MO	UING Co.	North Carol:	ina	U.S.A.
13.	FATHER'S NAM	PACKE	0 710		14. MOTHER'S MAIDEN N	AME	
	11	nknon			Unieno		
15.				1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown)	ver in U. S. Armed Fa If yes, give wor or dote	es of service)	SECURITY NO.		(5)	
1	NO			231-07-0167		ns (Daught	
	18.334	XI		CAUSE O	F DEATH		INTERVAL ONSET AN
		OR CONDITION DI	RECTLY	Can	ahma Vasaulam	Thoufficio	
		t mean the made of	dying, e.g.,	DUE TO	ebro Vascular	INSULTICIE.	nc y
	heart failure, a	sthenia, etc. It means lication which caused	the disease,				
		NTECEDENT CAUSES		(B)			
		CONDITIONS, if		DUE TO			
	rise to the	abave cause (A)		(C)			
	UNDERLYING	CONDITION last.					
		II	CALTRIBUTIAL	6			
Z							
TION	TO THE DE	ATH BUT NOT RELA	ATED TO TH	E			
ICATION	TO THE DE	ATH BUT NOT RELATION CAUSING OPERATION 198. CON	IT.		20 A. AUTOPSY? (Yes or	Nol 208. IF YES. WERE	FINDINGS CONSIDER
RTIFICATION	OTHER SIGNIFI TO THE DE- DISEASE OR C	ATH BUT NOT RELA	IT.		20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER AUSES OF DEATH?
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PROKER PROVING GO. Andron Venezum CPA

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Finance Maple Georgeous Man PR CHESORANS LA

	66 094	- /8	HEALTH DEPARTMENT	Registered No	66 09478
M.E. CASE NO.		CERTIFICA	TE OF DEATH	Registred No.	
Type or Print)	QUICK . 1	y" Winslow.	2. DATE AND	17/66	4 20 pm
3. PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where de	eceased lived. If instit	ution: residence before admission)
FULL NAME (OF (If not in hospital	or institution, give street	Maryland	Balten	anne
HDSPITAL OR			C. CITY OR TOWN (If outside	city limits, write RUI	RAL and give township)
1	& Roll	more aly	Dunda		0000
0	y rock			, give locotion)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	R. DATE OF RIPTH 19. 4	GE (In vents	f Under 1 Yr If Under 24 Hrs.
M	W	WIDQWED, DIVORCED (specify)	3/25/1898 1051	birthdoy)	Aonths Days Hours Min.
	UPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
Stiel i	Vorker. LAY	OUT MAN	Maryla	end	USA.
13. FATHER'S NA	Duick. ((Unknown)	14. MOTHER'S MAIDEN NAME		
71/1/18			(Unknows)) Mules	
	Ever in U. S. Armed Fo	es of service) SECURITY NO.	(Unknows) 17. INFORMANT 19angaret would	74	Y-W ADDRESS
NO		213-07-0136	Hangaret wasc	ow /	survey.
1B. 42	2./1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	K . O . C .	1 11 0	and dot-
(This does	nal mean the made a	dying, e.g., DUE TO	Kerros clerche Cara	is varcula-	eudelin ned
	asthenia, etc. It means nplicatian which causes			case	
	ANTECEDENT CAUSES	(B)			***************************************
	OR CONDITIONS, if	any, giving			
	e abave cause (A) G CONDITION last.	slaling the (C)			00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	- 11				
E TO THE D	FICANT CONDITIONS CEATH BUT NOT REL	ATED TO THE	vary Englyson	~a .	9 years.
	CONDITION CAUSING	IT.		OB. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE O		RFORMED	11	CERTIFYING CAUSI	ES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21 C. WHERE DID	(If in Baltimare C	ity, give exact location!
DEATH (notify	medical examiner	etc.)			
OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJURY	OCCUR?	
(APPRDX)		While At Wark At Work	e		444
22. I certify	that (1) (this hospita	1) attended the deceased from	9/17 19	66 ta	7/17 1966.
that H (we	last saw the deceas	ed olive on 9//7	19 6 ond that i	n(pm) (aur) apinio	on deoth accurred an the date
and have on	d fram the couses sto	ited obave. (1) (We) (did) (did mat) v	riew the body after death.		
23A. SIGNAT	JRE (50 11	iale			B, DATE SIGNED
	of a sec	Phy	ending Med. States. Director Phy	5.	9/17/66
23C. PHYSICIA NAME (Type) MAK	PTINEZ M.D.	23D. ADDRESS	· Broo	dway
24A. BURIAL CRI	MATION, 24B. DATE	24C, NAME of CEMETERY or CRI		ATION ICity,	town, or county! (State)
BURIAL	9/20/	66 PARKWIND C	FMFTFRY PI	PREVILLE	MD
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		And A To Tours	ULLRICH FUNE	PAL HOME	DUNDALK MD
VS 150-REV. 1/1/	SEP 20 1966	Cloured &	9 4 8 0		k-tyrayi

BALTIMORE CITY HEALTH DEPARTMENT

the way of the state of the state of of Baldmen City 24 Yoursey 3/48/1037 68 See and the second Hangland USA Mill Worken Colok (Walsona) (dulinery Hels. Alt-01-0136 Pringland diseason 76 Year-ry Carlesorderedo Carles Varios a servelais. 9 4000 Ful evening Lapore 6113 for well -3/11/6 YOUR MARTINEZ 100 N Broodway

BALTIMORE CITY HEALTH DEPARTMENT

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47-	02-88- }			ORE CITY HEALTH DEPARTMENT		00 00400
VLB	6-60		HNO. 6609480 CER	IFICATE OF DEATH	Registered No.	66 09480
	pital and of death Deceased to on the arth. Such	M.I	CASE NO. AME OF DECEASED		AND HOUR OF DEATH	
	S G G	(Ty	e or Print)		5-66 4	4:15 P.M.
	ospital se of de 5) Dece ince on death.	3.	LACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (V	Where deceased lived. If inst	itution: residence before admission)
	Q 0 Q 0 E	"	,	A. STATE B. CC	UNTY	
	W ~ = W		ULL NAME OF (If not in haspital or institution, give street	MARYLAND		
			INSTITUTION BALTIMORE CITY HOSPITALS	C. CITY OR TOWN (II	outside city limits, whe all	IRAL and give township)
	in a rag cause; cause; cause; cause;	6	4940 EASTERN AVE.	BALT IMORE		
	ring deau	5	BALTO., MD. 21224	D. STREET ADDRESS	(If rural, give lacation)	
	if death occurred in a rect or contributing cau. (4) Undetermined cause; was in regular attend the deceased prior to isposition is made.			4719 EASTER	N AVE. 21224	
	currectributi mined gular sed pr	5.	EX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	occurre ontribut ermined regular sased p		MALE WHITE NEVER MARRIED	11/21/02	lost birthdoy)	
	re-re-re-re-re-re-re-re-re-re-re-re-re-r		USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	in in dec	11	during most of working lite, even if retired)	Czechbsl	nvokie	USA
	dea Und as i	13.	Unemployed Laborer	14. MOTHER'S MAIDEN		
	r if death rrect or c (4) Undet was in the decisionsisposition		THOMAS CERNY	JULIA KLE		
4	istant he di kind; death ce on nal di	15. (Ye	Vas Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	NO.		ADDRESS
MPORTAN	ssistant the di kind; death ince on final di		NO 215-18	7754 RECORDS_BCH 4	940 EASTERN AV	E. BALTO., MD.21224
C	s as if any ced ndar		1B. / / > X	CAUSE OF DEATH		INTERVAL BETWEEN
۵	his fa		DISEASE OR CONDITION DIRECTLY		2 11	ONSET AND DEATH
Σ	Also, e of noun atter		LEADING TO DEATH	S Cespisating &	mulburney	12-kg
	0 4 5 5 9 5		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	UE TO		
0.	er. ctu pro lar		injury or camplication which caused death.)	LI L	3 · A	11
0	miner or niner. A fracture o prono gular a		ANTECEDENT CAUSES	Hemostysis + C	lspunkois	7 clays
ū	exam xami xami y A fr who		DISEASES OR CONDITIONS, if ony, giving	0,	1 2	2 44
С.	(3) (3) in		rise to the above cause (A) stating the	Squarrous cell	Ca Lung.	3 mantes
DIRECTOR	medical ledical burns; (; hysician ln was in		UNDERLYING CONDITION lost.	/		
	·= 0 E . 0 0	z	OTHER RESIDENCE CONTRIBUTIONS			
4	f medical medical burns; physicia an was	임	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
0	TE YOU D	OA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B.	TION 20A. AUTOPSY? (Yes o	No. 208. IF YES. WERE FI	NDINGS CONSIDERED
NERAL	by a m 2) Body re the p physicia	CERTIFICATIO	WAS PERFORMED	YES	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
=	0 7 2 2 2	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctor	JURY (e.g., in ar about 21C. WHERE DII , street, affice bldg., INJURY OCCUR	O (If in Baltimare	City, give exact location)
-	== 000	A A	OR CONTRIBUTING CAUSE OF home, form, facta DEATH (natify medical examiner)	, street, office bldg., INJURY OCCUS	!?	
		U	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC	1199ED 21E HOW DID	INJURY OCCUR?	
	pt very	MEDI	OF INJURY	Not While	INJORT OCCOR.	
	> = 0 0 0		(APPROX) Work	AT WORK		
	pprove the hand no (exce ; and		22. I certify that 🏈 (this hospital) attended the deceased			ept 15 19 66.
			that @(we) last saw the deceased alive an Sept	15 19.66 and	d that in 🐠) (aur) apin	ian death occurred on the date
	leased to leased to ident of hospital o death)		and hour and from the couses stated above. (4) (We) (did)			
	sed ised ent can spit		23A STONATURE			23B. DATE SIGNED
	ide ide hos o d		Riskon S/12:1	M.D. Attending Med. Director	Stoff Phys.	9-15-66
	e must be released accident a hospit or to dea		23C. PHYSICIAM'S	23D. ADDRESS	- 11/11	

Baltimore 6ity Hospitals 4940 Eastern Ave.

Balto., Md. 21224

MATORY 24D. LOCATION (City, town, or county) (Stor Richard L. Bishop M.D. PALO. 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 256 St. Stanislaus Cem : 6515 Boston Ave. Balt 256 NAME OF REGISTARE 255C. FUNERAL DIRECTOR 6124 EASTERS VS 150-REV. 1/1/65

The state of the s

GC ODAG.	BALTIMORE CITY F	EALTH DEPARTMEN	T	00 00404
66 09481	CEPTIFICAT	E OF DEATH	Registered No.	66 09481
M.E. CASE NO.	CLKTIIICAT			
1. NAME OF DECEASED	1	2. DATE	AND HOUR OF DEATH	
(Type or Print) MRS ELLA KNOX (E42	ABETH)	54	PT. 18, 1966	12:10 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4	4. USUAL RESIDENCE (Where deceased lived, If in	stitutian: residence befare admission)
FULL NAME OF (tf not in hospital ar institution, give oddress or location)		MARYLAND C. CITY OR TOWN	If outside city limits, write R	118AL and give towerbig)
THE UNION MEMORIAL HOSPITAL		BALTIMORE		one and give township)
33RD AND CALVERT ST., BALTIMO	RZ MA YHAT	D. STREET ADDRESS	(If rural, give location)	
STATE AND CHECK! SII) SAGINAL	/ce, / 25 0	> P. 11	UTHERN AVI	ENUE
5, SEX 6. RACE 7. MARRIED, NE	VER MARRIED IVORCED (specify) 8.	DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
F CAUCASIAN MARRIS		7/18/82	Dat	Trionins Days Proofs Trini.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		1. BIRTHPLACE (State or	fareign country)	12, CITIZEN OF
dane during mast af warking life, even if retired)				WHAT COUNTRY?
Housewi TE Housewi	fe	BALTIMORE,	KARYLANDAY	AMERICAN
13. FATHER'S NAME		MUTHER'S MAIDEN	NAME	
HERMAN HASE		ANNIE PI	A HA-MZNZA	
15. Was Deceased Ever in U. S. Armed Farces? 16.	SOCIAL 17	7. INFORMANT	AUGINETER	ADDRESS
(Yes, no or unknawn) (If yes, give war ar dates of service)	SECURITY NO.			
No 2	17-03-1094B	HROM CHA	GRT.	
18, / 4 4 /	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSEI AND BEATH
LEADING TO DEATH	(A) PAR	RECTUM		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	RT FAILURE		p p p p p p p p p p p p p p p p p p p
injuly of complication which coused death.)	11	-	47.7	
ANTECEDENT CAUSES	(B) HEAR	RT HAILURE		r
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove couse (A) stoting the	(C)			
UNDERLYING CONDITION lost.				
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE /				
194. DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLA	ACE OF INTIIDY (a.g. in	NO	D (If in Rolliman	City, give exact location)
▼ DEATH (notify medical examiner) etc.)	ACE OF INJURY (e.g., in a larm, factory, street, offic	e bldg., INJURY OCCU	R?	ony, give exact location
O 21D. TIME (Month) (Day) (Year) (Haur) 21E, tN.	JURY OCCURRED	21E HOW DID	INJURY OCCUR?	
S OF INJURY			INJURI OCCUR:	
(APPRDX)	At Wark			
22. I certify that (I) (this haspital) ottended the	deceased from S	=PT. 10.	19 66 to 520	T 18 1966
that (I) (we) last sow the deceased alive on				
and hour and from the couses stated above. (1) (V	Me) (did) (did not) vie	w the body ofter dec	oth.	
23A SIGNATURE		,,,		228 DATE SIGNED

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death

Such

prior to death.

a hospital and

CREMATORY

23D. ADDRESS

Attending Phys.

town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

23C. PHYSICIAMS NAME (Type)

Hill

M.D.

Towson

Staff Phys.

LOCATION

Batimore Co

25A. DATE REC'D BY HEALTH DEPT.

966 Prospect 9-21-19

Cemetery To

Med. Director

PERKLYLAND

33AD AND CALMERT ET, BALTHUKE, MO HANGE GALTIMORE

2904 SOUTHERN AVENUE

MARRIED 2/18/82 F Caucasian

измента депольку Аналеги Housewiff

HERRURA HARGE ANNIE PLAGRAGYOR

Fram Const.T

CAR. RECTURE

HEART FALLER

No

DR. John N. CLASSEM 2923 ST. PAUL STREET, 18

BIRTH NO. M.E. CASE NO.)9482 MEDIC	BALTIMORE CITY HE. AL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH Registered	66 0948
1. NAME OF DEC	EASED	•	2. DATE AND HOUR PRONOUNCED D	EAD
(Type or Print)	JOSEPH	T MALTROTTI	September 17, 1966	9:50 A

is sion) B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR MOTHUTION Baltimore D. STREET ADDRESS (If rurol, give locotion) Church Home and Hospital 1927 Homewood Street 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) Male White Jly 12 1908 58 Single Jly 12 1908

B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work 10B. KIND WHAT COUNTRY? done during most of working lite, even if retired) Cith of Baltimore (Baltimore Shauffer 4. MOTHER'S MAIDEN NAME /Anna Porcella Charles Maltrotti 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 219-03-2401 John Maltrotti-Brother-324 S. High St. II W.W. Yes INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Asphyxia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Drowning ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? MEDICAL 21A, EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. harbout Lancaster and Central Ave. 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Hour) (Yeor) OF INJURY (APPROX.) Sept. 17,1966 7:35 NOT WHILE drove auto into harbour Inspection Autopsy X ond that on this bosis, death in my opinion I certify that I held on Inquiry resulted from: Natural couses Accident) Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 9/17/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify)

Balt.National Cemetery .966 Burial 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24CANUNERAL DIRECTOR

Baltimore Md.

322 S. High St.

9/20/66 - Form from funeral director, pope.

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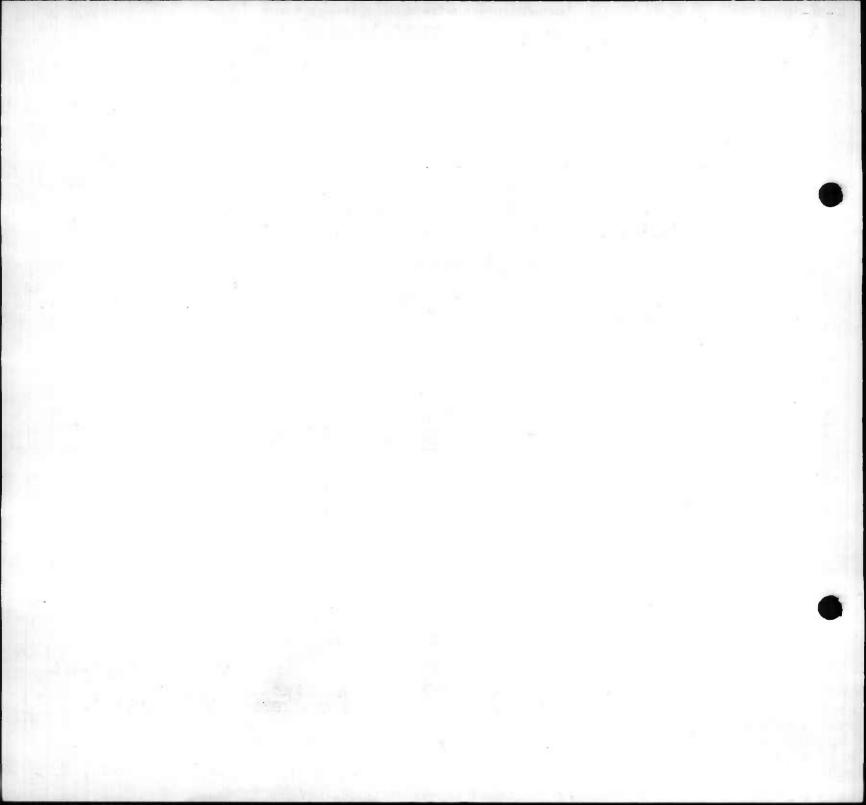
approval

IMPORTANT

FUNERAL DIRECTOR:

30-86-86 DH

BALTIMORE CITY HEALTH DEPARTMENT 66 09483 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) Horan 66 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in haspital or institution, give street rune HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township D. STREET ADDRESS (If rurol, give location) he #21217 MD MARRIED, NEVER MARRIED If Under 1 Yr. Manths: Days 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Haurs WIDOWED, DIVORCED (specify) last birthday) centarian 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or fareign country) 12. CITIZEN OF WHAT COUNTRY done during most al working lite, even if retired) ward rount 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME thum 6. SOCIAL SECURITY NO 17. INFORMANT 5. Was Deceased Ever in U. S. Armed Farces? RECORDS: (Yes, na ar unknown)(If yes, give wor or dotes of service) 4940 EASTERN AVE. BALTIMORE, MD. NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astherio, etc. Il means the disease, injury or complication which coused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) sloting the UNDERLYING CONDITION Iosi, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factary, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined MEDI 21 D. TIME (Manth) IDay) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While r IAPPROX.) Work At Wark 22. I certify that (1) (this hospital) attended the deceased from that (I)/(we))ast saw the deceased olive an 19 and that in (my (aur))opinion death accurred on the date and haur and from the causes stated obave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director Staff Phys. 1 23C. PHYSICIAN'S NAME (Type) CITY HOSPITALS L940 EASTERN AVENUE 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATOR) 24D. ICiny. or county) REMOVAL (Specify) Mamoria 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



				BALTIMORE CITY	HEALTH DEPARTMEN		00	110101	
BIRT	H NO.	66 0948	4	CERTIFICA	TE OF DEAT	H Registered Na.	00	09484	
M.I	AME OF DECE	A 445				TE AND HOUR OF DEATH			
	e or Print)							0.00	-
		SCHAAF		JE		1/17/66		9:00	P _M .
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE A. STATE B.	IWhere deceased lived. If in	stitution: res	sidence before a	dmissian)	
	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or locotion)			MARYLAND	BALTIMOR	RE			
- 1					(If outside city limits, write	-	oive towashin)		
١	NOITUTITZN						RUKAL ONG	give lownship)	(10)
K	ST. AG	NES HOSPITA	AL.		BALT IMO			000	10
O						(If rural, give location)			
					5504 CL	IFTON AVE.			
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under	1 Yr. If Under Days Hours	r 24 Hrs.
E	EMALE	WHITE	MARI	R LED (specify)	11/24/03	lost bighdoyl	Monms	Days	Min.
				BUSINESS OR INDUSTRY			12. CITIZI	EN OF	
		varking life, even if retired)	1			of foreign country?	WHA	T COUNTRY?	
		EWIFE	Own	Home	FLORIDA		US	SA	
13.	HOOSEWITE		14. MOTHER'S MAIDEN NAME						
13.	SAMUEL Lambert								
				Unknown					
15.	. Was Deceased Ever in U. S. Armed Forces?		1 6. SOCIAL	17. INFORMANT			ADDRESS		
(Te:	Yes	III yes, give war or dote	s of service	2/6.09.3855	CT ACMES	RECORDS WILL	ENC S	CATON	AVE
	100	******		2/6.09,00	ST. AGNES	VECOUDS MIEL	/E112	CATON	MAF
	1B. 4.2	1 1		CAUSE O	F DEATH			NTERVAL BETW	
	ONSET AND DEATH					0111			
	LEADING TO DEATH (A) Cardio-Senic Shock								
	(This does not mean the mode of dying, e.g., DUE TO								
	terns ages not mean the mode of dying, e.g., but to								
	This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Cardiagenic Shocks DUE TO Augustion, death								
	DOE 10								
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the								
			slaling lhe	(C)	/ > C V L				
	UNDERLYING CONDITION last.								
_	1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
õ		FICANT CONDITIONS C							
ATIO		CONDITION CAUSING							
	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? IYes	or No. 208. IF YES, WERE	FINDINGS	CONSIDERED	
ERTIFIC		WAS PER	FORMED			IN CERIFIING CA	OJES OF D	rain:	
CEI	21 A. ACCIDEN	IT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	n ar obout 21C. WHERE	DID III Boltimor	e City, give	exoct location)	
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off				fice bldg., INJURY OCC	U R?			
U	DEATH (notity	medicol exominer	erc.	*					
ED	21 D. TIME OF INJURY	(Manth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?			
ME	IAPPROX.)			ile At Not Whil					
			Wo			11 0	/17		66
	22. 1 certify	that 🗱 (this hospital	l) attended t	he deceased fram	9/16	19 66 ta 91	/ 1 /	19	66
	that X) (we)	last saw the decease	d alive an	9/17	19 66	and that in (A) (aur) api	nian deatl	h accurred an	the date
	and haur and fram the causes stated abave. (1) (We) (did) (did hat) view the bady after death.								
	23A. SIGNATU	RE /////	Varia				23B. DATE		
		11/11	18647_	M.D. Atte	ending Med. S. Director	Stoff Phys.	9	/17/66	
	23 C. PHYSICIA	N'S	7	·	23D. ADDRESS				
	NAME (T	(pe)	METCO			HOCDITAL WILL	KENIC	S CATO	N AV
		DR. E.	WEISS	M.D.	ST. AGNES	HUSTIIAL WII	rue 113	GUATU	14 WA
24/	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY of CRI	EMATORY 2	24D. LOCATION IC	ity, town, or	caunty)	(State)
	Burial	9/21/6	6 10	Towns Nome	niol	Connoll Con	m+ - N	[0 mm] 0 m =	3
				keveiw Memo		Carroll Cou	TICA I		L
25/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIR	ECTOR	0 -	ADDRESS	1
		EP 20 1966	12.0. As	E tarbouth	1.1. Ala	notures 6411	Hen	don Mil	URL
1/5	160 BEV 1/1/6	THE CONTRACTOR			1			3.7.0	ING.

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17. 17. 21.174.0

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Se (Marian) Elegado SYTTE SE LETA

		FUNERAL DIRECTOR: IMPORTANT	RECTOR:	IMPORTA	-	4
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit	approved k	by the chief medical	examiner	or his assista	nt if death occurred	in a hospi
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of	to the hosp	ital by a medical	examiner.	Also, if the	lirect or contributin	g cause o
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De	of any natul	re; (2) Body burns; (3	3) A fractu	re of any kind	; (4) Undetermined c	ause; (5) D
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	al (except v	where the physician	who pro	nounced deat	h was in regular o	ittendance
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deatl	(4) and (6)	No physician was i	n regular	attendance o	n the deceased pri	or to deat
written approval must be obtained before the remains are embalmed or final disposition is made.	be obtained	I before the remains	are emba	med or final	disposition is made.	

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BALTIMORE CITY HEALTH DEPARTMENT 66 09485 Registered Na._ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH REPORTED HER MANAGEMENT (Type or Print) SHULMAN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE

B. COUNTY (If not in hospital or institution, give street FULL NAME OF MARY LAND HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, wite RUBAL and give township) INSTITUTION LEVINDALE HEBREW HOME BALTIMORE D. STREET ADDRESS (If rural, give location INFIRMARY LEVINDALE_AGED HOME 6. RACE 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov) Hours MALE WHITE WIDOW tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA CONTRACTOR BUI LDER RUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 212-16-3724A MR. SAMUEL SHULMAN 3545 MILFORD MILL ROAD CAUSE OF DEATH INTERVAL BETWEEN 18. 4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BRONCHOPNEUMONIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last. NOT KHOWN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TERIOSCLEROTIC HEART DISEASE 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (#) (this hospital) attended the deceased fram 66 that [4 (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending 23 C. PHYSICIAN EBREW HOME XINFIRMAR NAME (Type 24A. BURIAL CREMATION. (City, town, or county) REMOVAL (Specify) 9/19/66 DEPT.

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	BALTIMORE CITY HEALTH DEPARTMENT 00 U947	36
	M.E. CASE NO. CERTIFICATE OF DEATH Registered No.	
Typ	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	7:15 Am.
1	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give to the control of th	lownship)
1	Union Momorial Hospital D. STREET ADDRESS (If rurol, give loothon)	ROAD
	S. SEX Male 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Male 103. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	Hours Min.
Re	done during most of working life, even il retired) RETIRED -TRANSPORTATION_RAILROAD BALTO, Ma vegland U. S	
	13. FATHERS NAME A lexander Gannon Catherine Wiegans 15. Wos Decosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	1
Yes	(Yes, no of unknown) (If yes, give wor or dotes of service) NO 18. CAUSE OF DEATH INTERV	vian
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ATION		
CAL CERTIFIC	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	?
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 21F. HOW DID INJURY OCCUR?	15,6
	22. I certify that (1) (this hospital) attended the deceased from 7/9/1966 to 1/18 the web ost saw the deceased alive on 9/12/66 19 and that in my) (aur) apinion death occ	urred on the dote
	29C. PHYSICIAN'S	166
24	NAME (Type) Oouglas H. STONE M.D. 2921 ST Paul ST Paul ST Paul ST Paul ST REMOVAL (Specify) 24B. DAYE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or coun	VP Pt. Ba. 17

25A. DATE RECOMPHEALTH

9/21/1966

1966 Greenmount Mausoleum Baltimore

Md

York Rd Sons Co. 4905 Baltimore

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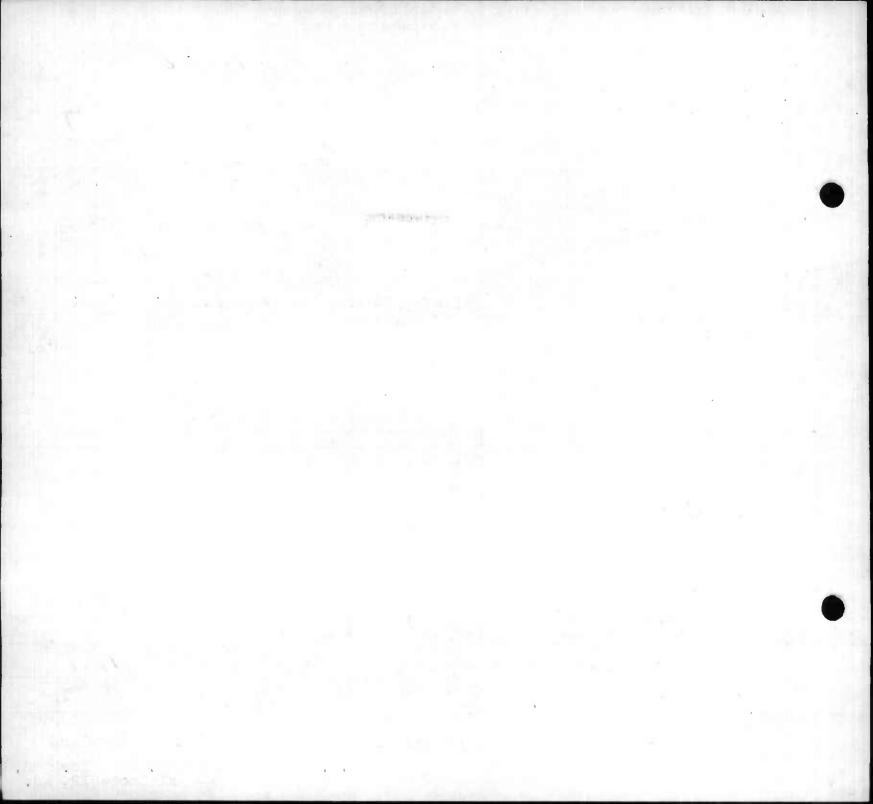
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BALTIMORE	CITY	HEALTH	DEPARTMENT

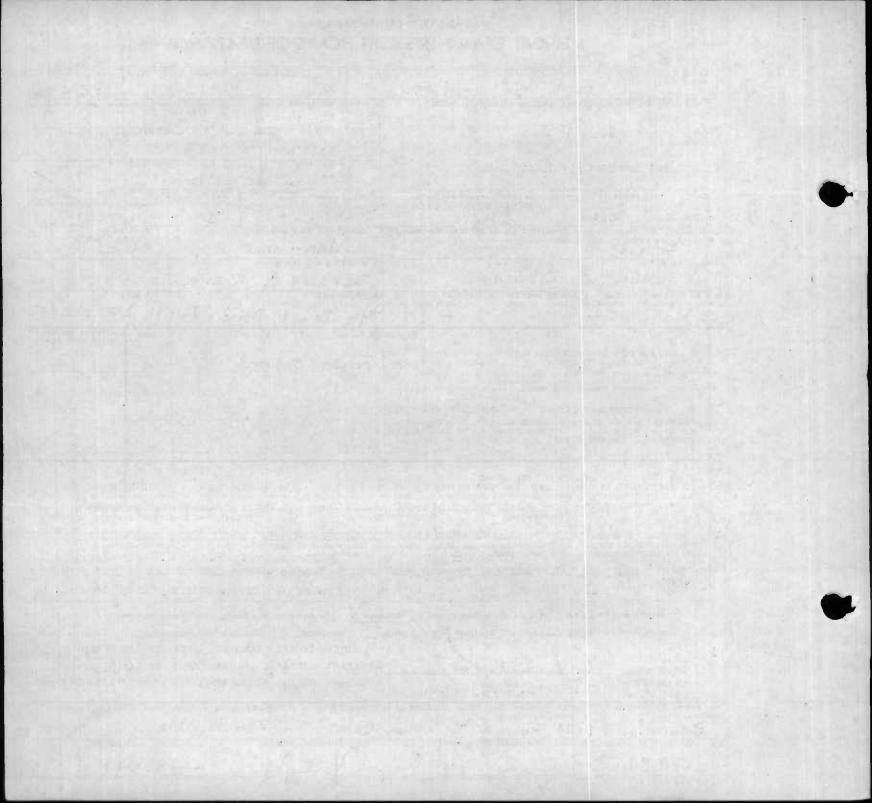
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M.E. CASE NO.					
Type or Print) Charles R. Johnson	Sept. 19, 1968 2:58 gin				
	USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission STATE B. CDUNTY				
FULL NAME OF (If not in hospitot or institution, give street HDSPITAL OR oddress or location) tNSTITUTION C.	Maryland CITY OR TOWN (If outside city limits, write RUBAL and give township)				
/11 1 1 1 1 1 1 1 1	Daltimore 14 dil-2				
Maryland General Hospital .	1913 Lyden ka Way				
male white widowed, divorced (specify)	PATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
one during most of working life, even if refired) OETALLORGIST OETALLORGIST	Mary and LEANERD TOWN 12. CITIZEN OF WHAT COUNTRY.				
	GEORGIA LE GRANDE				
	INFORMANT ADDRESS				
(es, no or unknown) (If yes, give wor or dotes of service) 5ECURITY NO.	TAMES W. JOHNSON - 3003 N. CHARLES ST				
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heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	unec's circhesis?				
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
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and haur and fram the causes stated abave. (1) (We)((did) (did nat) view					
23A. SIGNATURE M. Morris M.D. Attendin Phys.					
23C.PHÍSICIANS NAME (Type) Arthur M. Morris M.D.	Maryland General Hospital				
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	TORY 24D. LOCATION (City, town, or county) (Stote)				
Burial 9/21/1966 New Cathedral	Baltimore, Maryland				
SEP 20 1966 P. O. B. E. Johnson	H.W. Jenkins & Sons Co. 4905 York Rd				
S 150-REV. 1/1/65	Baltimore 12, Md.				



VS 151-REV. 1/1/65

ELAINE MARCARET DOLCH ELAINE MARCARET LITERATURE RESIDENCE Week decreated lived. I colours to shall decreated lived.	66 09488 BALTIMORE CITY HEAD BIRTH NO. MEDICAL EXAMINER'S C	LITH DEPARTMENT CERTIFICATE OF DEATH Registered No.
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ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 9/17/66 NAME (Type) Suicide Chief Medical Examiner Suicide Associate Medical Examiner 9/17/66 NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 9/17/66 NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER Signature Suicide Chief Medical Examiner Suicide Chief Medical Examiner Solicide	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my aplaian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	(APPROX.) Q 17 '66 A WHILE AT NOT	WHILE Passenger in auto into fixed object.
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SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSISTANT MEDICAL EXAMINER 9/17/66 ASSOCIATE MEDICAL EXAMINER 9/17/66 23A. BURIAL CREMATION, 23B. DATE PROVAL (Specify) BURIAL 9-20-66 OAK LAWN CEM. 24C. FUNERAL DIRECTOR ADDRESS		CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 9717/00 23A. BURIAL CREMATION, 123B. DATE 123C. NAME of CEMETERY of CREMATORY 123D. LOCATION (City, town, of county) (Stole) BURIAL 9-20-66 OAK LAWN CEM. 124C. FUNERAL DIRECTOR ADDRESS		ASSISTANT MEDICAL EXAMINER X
NAME (Type) CITAL LES D. FELLY, WI.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stole) BURIAL 9-20-66 OAK LAWN CEM. 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	EVANIMENTS	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stole) BURIAL 9-20-66 OAK LAWN CEM. SALTO, MD. 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	I I I I I I I I I I I I I I I I I I I	Account medical annument
BURIAL 9-20-66 DAK LAWN CEM. SALTO, NID. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	D 10 00 11 120 10.	GEM. BALTO, MD.
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BALTIMORE CITY HEALTH DEPARTMENT 66 09489 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 9-19-66 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY Baltimore FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or location) ond give township INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) CHURCH HOME & HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. disposition is ma Months Doys Hours WIDOWED, DIVORCED (specify) WHITE FEMALE 3 MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME BALTIMORE; U.S.A. WOLLER ING FREDERICK JOSEDHINE 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MAURICE JOHN LAWRENCE NONE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF tNJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner MEDI (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) Work At Work 9-19-66 22. I certify that (1) (this hospital) attended the deceased from... 19 66 that (I) (we) lost sow the deceased alive on... and that in (my) (our) opinion death occurred on the date ond hour And from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 268. NAME OF REGISTRAR SURIAC SEDT 22 LL 25A. DATE REC'D BY HEALTH DEPT. 25B. VS 150-REV. 1/1/65

CHURCEN HORE + HOS jiTHL STATES MARKET was a super Strate to be a superior TE THE STATE MUSELVEE - BALTIMORE MA COLOS THEOLOGICAL PERSONS 7.7 61.-0 23 33-41-6 27-51-6 George Rowsti Church Home + Hospital

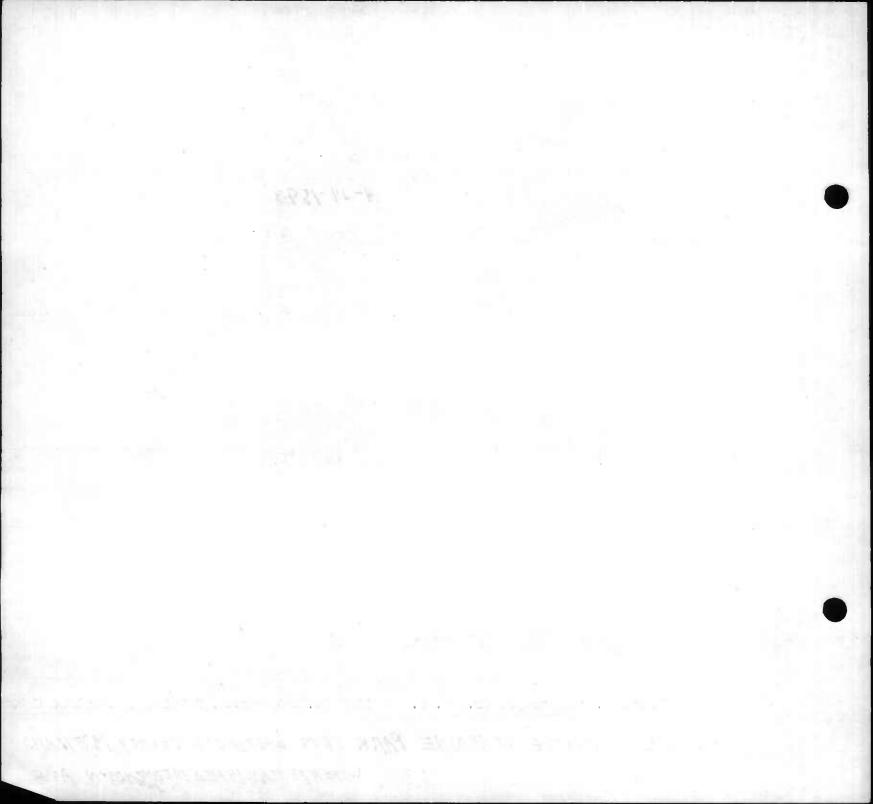
BALTIMORE	CITY	HEALTH	DEPARTMENT

66 119490

	BIRTH NO. M.E. CASE NO. 66 09490 CERTIFICA	ATE OF DEATH Registered No.	00 00100
	TI. NAME OF DECEASED (Type or Print) WALTER H. LEISURE	2. DATE AND HOUR OF DEATH	6
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write)	RURA) one give township)
0	0433 WESTGATE RD.	D. STREET ADDRESS (If rural, give location) H33 WESTGATE	RD
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
is m	M WIDQWED, DIVORCED (specify) MAR RIFD	4-29-1893 lost birthdoy!	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTI		12. CITIZEN OF WHAT COUNTRY?
SIL	BANKER MD. NATL. BANK	MAKYLAND 14 MOTHERS MAIDEN NAME	USA.
disposition	LEISURE	UNKNOWN	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
tinal	YES WWI 215-18-208L	ELAINE LEISURE 43.	3 WESTGATE KD.
ō	DISEASE OR CONDITION DIRECTLY	OF DEATH'	INTERVAL BETWEEN ONSET AND DEATH
peu	LEADING TO DEATH	dio - vasular diseig	Curhary
palmed	(This does not mean the mode of dying, e.g., heal failure, asthenio, etc. II means the disease, injury at complication which coused death.)		1
E	ANTECEDENT CAUSES (B)	2004.200.200.200.200.200.200.200.200.200	0000000 0 0000000000000000000000000000
are	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C)		
	UNDERLYING CONDITION last,		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING & Brown	elif estha -	- approx, 23 months.
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	plupen	- imbrown.
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	e City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?	
obtained	(APPROX.) While At Work Not W	rk L	
-	22. I certify that (I) (this hospital) attended the deceased fram		. /
pe	that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did not)		nian death accurred an the date
าบระ	23A. SIGNATURE	, view the budy differ deaths.	238. DATE SIGNED
E	Derah, trumpaling of M.D. A	Attending Med. Stoff Phys.	9/20/66
approval	3C. PHESICIAN'S NAME (Type)	23D. ADDRESS	
lppi	George W. Murgatroyd, Jr., M. D. M. 1 24A. BURIAL CREMATION, 1248. DATE 124C, NAME of CEMETERY or C		
	REMOVAL (Specify)	And Private Parameter	ity, town, or county) (Stote)
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C. FUNERAL DIRECTOR	ADDRESS AND
3	CED ON 1066 ON A C FOR CHAIN	WENER EINERN WOME FOU	EDManaged Alle

VS 150-REV. 1/1/65

SEP 20 1966 Q.C. & E.



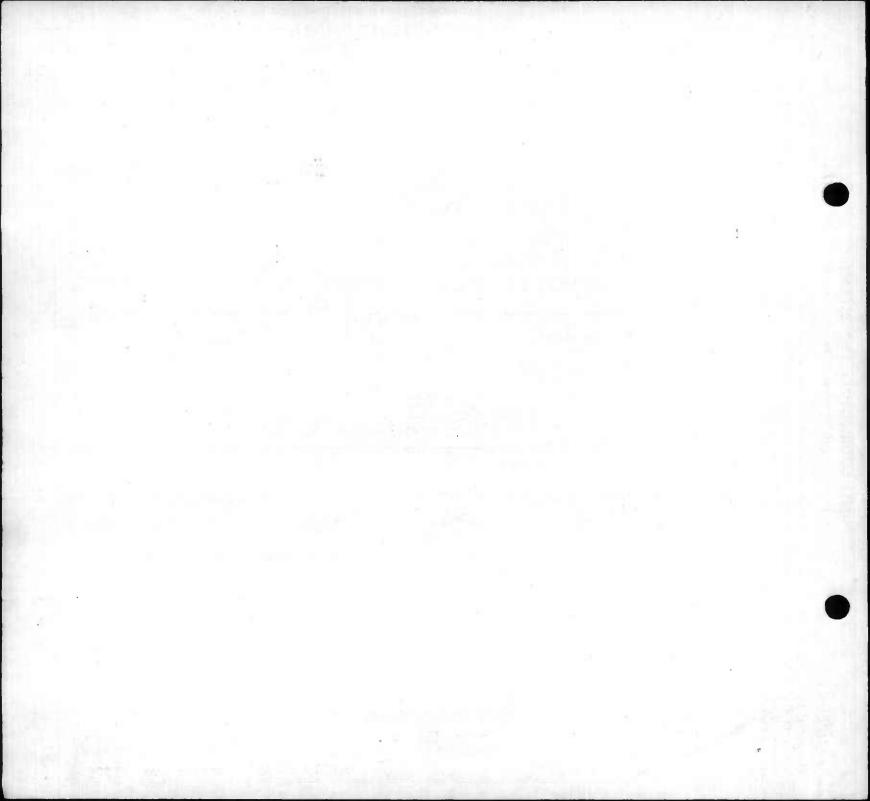
7		BALTIMORE CITY	HEALTH DEPARTMENT		66 09491
/	BIRTH NO. 66 09491 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 09491
	1. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE TWHERE A. STATE B. COUNT	3-66 deceased lived, If inst	9:15 P A
	FULL NAME OF (If not in hospital ar instilution, gr HOSPITAL OR address or location) INSTITUTION	ve street	MARYLAND C. CITY OR TOWN (If outs	side city limits, write RU	RAL ond give township)
2	THE JOHNS HOPKINS HOSP	ITAL	D. STREET ADDRESS (If re	ural, give location)	3-05
9				N AVENUE	
s mad	FEMALE NEGRO WIDOWED.	DIVORCED (specify)	9-20-01	64:	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
l lion	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Identity of the state of the	BUSINESS OR INDUSTRY	Cambrida	re mil	12 CITIZEN OF WHAT OPUNTRY
disposition	13. FATTERS NAME HENRY		SARA JOHNSON		
finald	15. Wos Deceased Ever in U. S. Armed Forces? (Yee, na or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	al Rec	ADDRESS
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		F DEATH RONIC	2 5	INTERVAL BETWEEN ONSET AND DEATH
embalmed	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO			26 36 + HRS.
	ANTECEDENT CAUSES	(B) AS	CUD & INFECT	60 AK STUMP	Aug 3266
ns are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	BETES MELL	TIS	30 yes	
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHRONZC	LYMPHOCYTEC L	-Gu KGm IA	20+ yrs
the	19A. DATE OF OPERATION 19B. CONDITION FOR WINDS PERFORMED GANGAGNE	HICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED
before	U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., i form, factory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
ained			21F. HOW DID INJU	JRY OCCUR?	
obte	22. I certify that (I) (this hospital) attended the			966 10 9-	179
pe	thot (I)(we) lost sow the deceosed olive on			t in my (our) opini	on deoth occurred on the dot
must	ond hour and from the couses stated above. (1)	(we) (did) (did noi)	riew the body offer deoth.	[2	3B. DATE SIGNED
D	23C. PHYSICIAN'S Delmer	Phy	ending Med. Sirector 23D. ADDRESS	Staff Phy s.	9-13-66
approval	DON EUGENE DET	MER M.D.	JOHNS HOPKE	NS HOSPITH	te BALTO MD
	24A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) 9-17-66 M				town, or county)
written	SEP 20 1966 Police	REGISTRAR CLUMB	250. UNEAL DIRECTOR	The Mary	523070
	VS 150-REV. 1/1/65	C. 10000	Minmily) UMINI	chemical of

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0.0 100	BALTIMORE CITY	HEALTH DEPARTMENT	1/1	66 09492
	TH NO. 66 09492 =	CERTIFICA	TE OF DEATH	Registered No	00 0343S
1. N	pe or Print) Kleinsmith 9	Martin	2. DATE ANI	SENT . 19	166 19:15 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institutio HOSPITAL OR oddress or location) INSTITUTION	n, give street	Marylang	/	URAL ond give township)
0		11- 1/01	Orchard	Beach	52-00
8	University of Md.	Hospital		urol, give location) 2618828	Dr.
5. 5		D, NEVER MARRIED YED, DIVORCED (specify)		ost birthdoy) 62418 J	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF
don	Retired Fireman		Maryland		4. S. H.
13.	FATHERS NAME FREDERICK. Kleins	smith	Mae Clau	dry	
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	JECORITI NO.	Family		Same
	18. 465XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
H	DISEASE OR CONDITION DIRECTLY	Ma	10011 /1000	G1 11-1	
	(This does not mean the mode of dying, e.	q., DUE TO	SSIVE UPPER	ul plesdi	J.G.
	heort lailure, asthenio, etc. 11 means the disea injury or complication which caused death.)	'			
	ANTECEDENT CAUSES	(B)	ress ulcer		00000 TO 000000000000000000000000000000
	DISEASES OR CONDITIONS, if ony, givi	OUE TO	monary Emb	0/0500	
	rise to the above cause (A) stoting t UNDERLYING CONDITION last.	he (C) / (1/	Monary enter	0(1311)	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING O	6	71	California
ATION		01101.6	Dronehitis,	Pulmon	rary Emphysema
ERTIFIC	9 SEPT. 1966 Houte Put	MONAN EMbo	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	18. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL		nome, form, foctory, street, o	mice biag., INJURE OCCUR!		and the second
03	21D. TIME (Month) (Doy) (Year) (Hour) 2	TE INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
8	(A BBBOY)	White At Not While Work At Work			
	22. I certify that (I) (this haspital) attended	the deceased from	9 SEPt 1	966 10 17	SEPt 1966,
	that (1) (we) lost saw the deceased alive o	100	111	/	ion death occurred an the date
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE			/	23B, DATE SIGNED
	Dantory M.	Phy	s. Director	Stoff Phys.	17 Sspt. 1966
	23C. PHYSICIAN'S NAME (Type) DESTIN S. Santo	M.D.	As abov	٤_	156
24/	REMOVAL (Snecily)	NAME of CEMETERY OF CR		CATION (Cit	y, town, or county) (Stote)
	Burial 9/21/66	Cedar Hill Cem		Co	Md
254	A 200 A	E OF REGISTRAR	25C. FUNERAL DIRECTOR	and the	ADDRESS
	SEP 20 1966 R.C.	SE, tarbuta	McCully FH 23	7 Patapsco A	ve 21225
A 2	150-REV. 1/1/65				



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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

66 09493

IRTH NO. A.E. CASE NO.	00 00400	CERTIFICATE OF	DEATH
NAME OF DECEASED Type or Print)	Mattie Charl	otte Parrack	2. DATE

(If not in hospital or institution, give street

2. DATE AND HOUR OF DEATH

2		9/10/1900 11:40 P.N	1
١.	USUAL RESID	ENCE (Where deceased lived, If institution: residence before admission)	Ī
٨.	STATE	B. COUNTY	
	Md.		
Ξ.	CITY OR TOW	N (If outside city limits, write RURAL and give township)	Ī
	Balto.	7-01	

3119 Berkshire Road

CONDITION DIRECTLY

LEADING TO DEATH (This does not meon the mode of dying, e.g.,

heart failure, asthenia, etc. 11 means the disease,

3. PLACE OF DEATH IN BALTIMORE MARYLAND

BIRTH NO.

FULL NAME OF

DISEASE OR

HOSPITAL OR

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attend 0

Ö

cause of death a hospital and

D. STREET ADDRESS (If rurol, gite location)

			3119, Berks	hire Road	-
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH May 23, 1879	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H. Months Doys Min.
	working lite, even if retired)	tk 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for West Vir		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	AME	1

Eli Wamsley		Martha Daniels	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	A

DDRESS

INTERVAL BETWEEN ONSET AND DEATH

ı	injury ar camplication which caused death.)	You O. The analysis	1/ 1/-
	ANTECEDENT CAUSES	BUETO, Corloscerosis	10.422
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tast.	10 Hy berleusion	16 422
	UNDERLING CONDITION last.	go	9
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
П	104 page of characters 1100 contaction for william one	TOTAL TIME TO THE PARTY OF THE	1010 - 00 MICH - 00 CO

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 6/1 A

L	V		160	
ı		21B. PLACE OF INJURY (e.g., in or about 21C home, form, factory, street, office bldg., INJ etc.)		Boltimore City, give exact location

21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work

22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive an (aur) apinion deoth accurred an the

and hour and from the causes stated above. (1) (11) (did) (did not) view the bady after death.

		/ X				•		1 - 1	0/11	1100	
23A. SIGNATURE	1 /.	A	1							23B. DATE	SIGNED
4	Vale	and the	XB	was) M.D.	Attending Phys.	Med. Director	Stoff Phys.		9-1	19-66
23C. PHYSICIAN'S	11	0	1			23D. ADDRESS			_	0 1	4

Robert H. Siver, M.D. 3105 N. (harles St., Balto., Md.

24A. BURIAL CREMATION, 24B. REMOVAL (Specify Odd Fellows Cemetery E.

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Ruck, Inc., Balto., Md. 21214 eonard I.

46 yamen a nilawi - sayasi i

A STATE AND ADDRESS OF THE PARTY OF THE PART

to the hospital

he body

approved

(B) MYOCARDIAL INFARTION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19. 66 and that ir(my) (our) opinion death occurred on the date OSPITAL Burial 9/21/66 Beckleysville Cometery

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN

SEP 20 1966 (Colour Company)

Leonard J. R. ADDRESS Leonard J. Ruck, Inc., Balto., Md. 21214 VS 150-REV. 1/1/65

66 09494

If Under 24 Hrs.

Hours

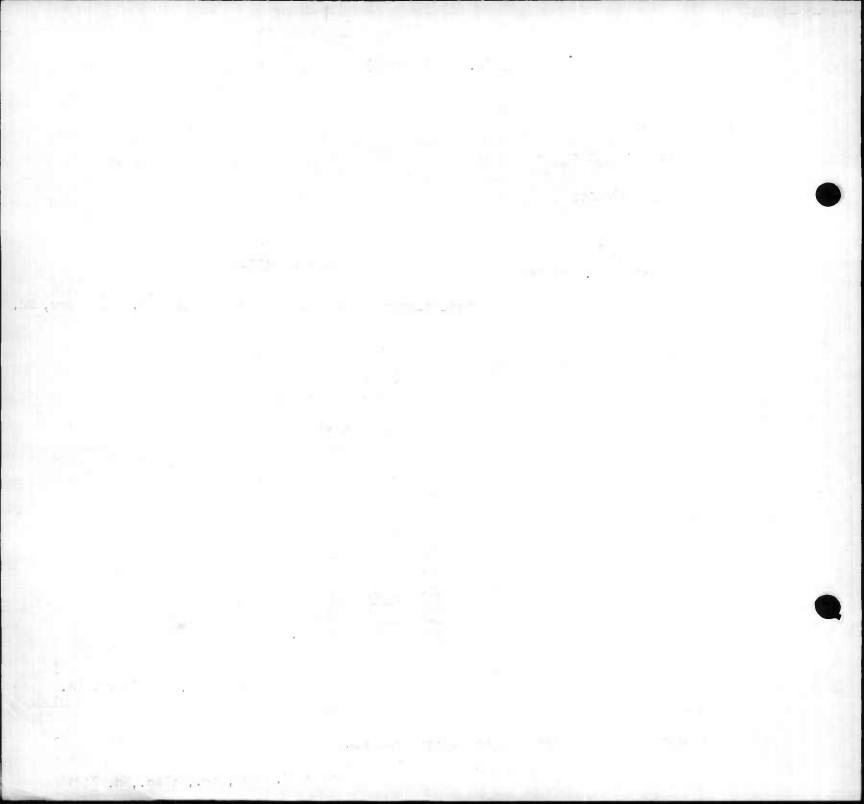
12. CITIZEN OF

WHAT COUNTRY?

USA

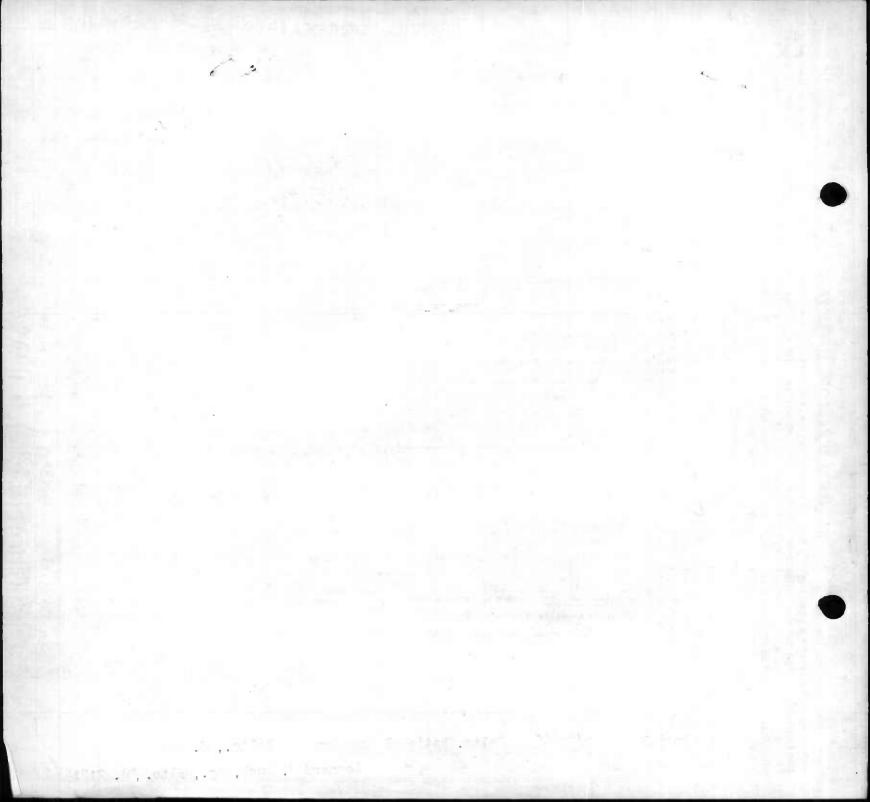
ADD# 21224

INTERVAL BETWEEN ONSET AND DEATH



L	-	9		d	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing raise of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH N	66 09495		TE OF DEATH Registered No	66 09495
	ASE NO.	CLKTITICA	2, DATE AND HOUR OF DEAT	H
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND ARYLAND CEMERAL L NAME OF (If not in hospital or institu	HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY MANY LAND BALTIN C. CITY OR TOWN (II outside city limits, write	institution: residence before odmission
	PITAL OR oddress or locotion) ITUTION		C. CITY OR TOWN (II outside city limits, write 1551-T119 OF F. D. STREET ADDRESS (If rure), give locotion)	RURAL and give township)
-			2934 HALEYON	AVE.
5. S EX	T // WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
done du	WAL OCCUPATION (Give kind of work 108, KIN ring most of working lite, even if retired) RETIRED - HOUSE WILL		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HER'S NAME		PENNSYL WANT	// 00//
T	HOMAS EYONS		CATHERINE KIR	ZK
5. Was	or unknown) (II yes, give wor or dates of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	220-05-3368	THEODORE HESS	SAME
1B.	DISEASE OR CONDITION DIRECTLY	ČAUSE O	ALNETRITION, DEHYDRATIO	1 2
/TL	LEADING TO DEATH his does not mean the made of dying,	(A) COM	NGESTIVE PAILORE	? WEERS
he	all failure, asthenio, etc. If means the dis- ury or complication which coused death.) ANTECEDENT CAUSES	ease,	ERICSCERONE CON ST OST CA OF CERUSE WI	
ris	SEASES OR CONDITIONS, if any, g e la lhe abave cause (A) slating	iving the (C)	UST CA OF CERMS WITH	? YEARS
NO OI	NDERLYING CONDITION Ideal. II THER SIGNIFICANT CONDITIONS CONTRIB THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.	UTING PEU	las meumina una effusion.	
	A DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
T OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	n or obout 27 C. WHERE DID (II in Boltimi fice bldg., INJURY OCCUR?	ore City, give exact location)
SOF	PROX.)	21 E. INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJURY OCCUR?	
the		on	T 19 CC and that in (my) (aur) of	9/19/19/66 pinion deoth accurred on the dot
	d haur and fram the causes stated abo	1	iew the bady after death.	23 B. DATE SIGNED
220	John P Doerfe. PHYSICIAN'S NAME (Type) JOHN P.	M.D. Atte	anding Med. Stoff Phys. 23D. ADDRESS	9/19/66
		M.D.	MARYLAND GENER	
RI	EMOVAL (Specily)	C. NAME al CEMETERY of CRE		City, town, or county) (Stote)
25A. D	Burial 9/22/66 ATE REC'D BY HEALTH DEPT. 2558, NA	Balto National	Cemetery Balto. Md. 25C. FUNEVAL DIRECTOR Leonard J. Ruck, Inc., Ba	ADDRESS
	-REV. 1/1/65	JJ C, TOODA, III	Leonard J. Ruck, Inc., Ba	lto. Md. 21214



1. 10. 60 a 39 m 39-14-6 13-19-54 hillian (1. Enerson BALTIMORE CITY HEALTH DEPARTMENT

hospital

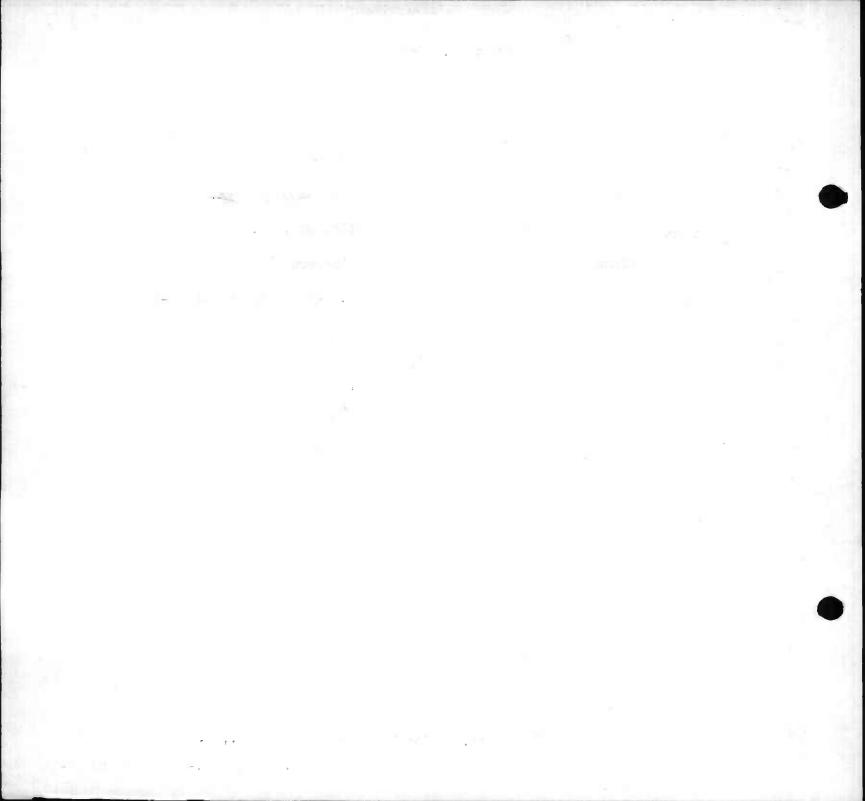
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eath

IMPORTANT

FUNERAL DIRECTOR:

approved



Such

death.

on the

attendance

of death

				00 00100				
	BIRT	TH NO. 66 0949	8 CERTIFICA	ATE OF DEATH Registered No. 66 09498				
		AME OF DECEASED		2. DATE AL	ND HOUR OF DEATH			
	(Typ	pe or Print) MARY S.	HARDY	Sept.	17, 1966	8:00 P		
	3. 1	PLACE OF DEATH IN BALTIMORE, MAR	RYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution; residence before admission		
FULL NAME OF (If not in haspital ar institution, give street				Maryland	411			
	F	HOSPITAL OR address ar lacation			tside city limits, write	RURAL and give township)		
	5		se In The Pines	Baltimore		2 frankastrul		
4	10	Nursing			rural, give tacation			
		5837 Bel Air	· Road	5504 Carter A				
	5. \$		7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.		
,		female white	widowed	June 18, 1900	66			
		. USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	(clerksales	Stewart & Co.	Russia		USA		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		,		
1		Hans Skalberg		Elizabeth	Avon			
	15.	Was Deceased Ever in U. S. Armed Farces, na ar unknawn) (If yes, give war ar dates	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		Belair, Md.		
		no	228-09-21.36	Mrs. Elizabet	h Moore(dtr)-41 Homestead St.		
	-	18. 6 44 Y 1		F DEATH		INTERVAL BETWEEN		
2		DISEASE OF CONDITION DIR	ECTLY 3	2-1-Comp		ONSET AND DEATH		
		LEADING TO DEATH	SE SE (A) CH	relietoses Tue	umonia	10 days		
		(This does not mean the made of heart failure, asthenia, etc. It means	the disease 1			0		
		injury or complication which caused	death.)	man tion		month		
		ANTECEDENT CAUSES	ON S DUE TO	0		***************************************		
		rise to the above cause (A)		mil Parala	70-	nua		
		UNDERLYING CONDITION losf.	2 Z Z					
6	_	II	32000	^	0	1		
	10	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING 3	rection) N.	hip	month.		
,	C.A.	19A. DATE OF OPERATION 19B. CON	T. OF WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED		
	ERTIFI	WAS PERF		n	IN CERTIFYING CA	USES OF DEATH?		
5	S	21 A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltiman	e City, give exact lacation)		
	AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, a	ffice bldg., INJURY OCCUR?				
3	DIC		(Haut) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
2	×	(APPROX.)	While At Nat Whil					
3			Wark At Wark		//	0/12.11		
5		22. I certify that (1) (this hospital)	61	112.	.19 G. G. to	9/17 1966		
3		that (I) (we) last saw the decease			nat in(my) (o wr) opi	nian death accurred on the do		
:		ond hour and from the couses state 23A. SIGNATURE	ed above. (1) (We) (did) (did not)	view the body ofter death.		DATE SIGNED		
		XIII	M.D. AH	ending Med.	Staff	23 B. DATE SIGNED		
		23 C. PHYSICIAN'S	Phy	s. Director	Phy s.	7//9/66		
		NAME (Type)		23D. ADDRESS				

Dr. Albert B. Bradley 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 9-20-

24D. LOCATION

4900 Belair Road

24C. NAME of CEMETERY OF CREMATORY Moreland Memorial Park

(State)

9-20-66 SELD E TOWN 25A. DATE REC'D BY HEALTH DEPT. 1966

Park Baltimore, Md.

25C. FUNERAL DIRECTOR ADDRESS
Leonard J. Ruck, Inc. - 5305 Harford Road

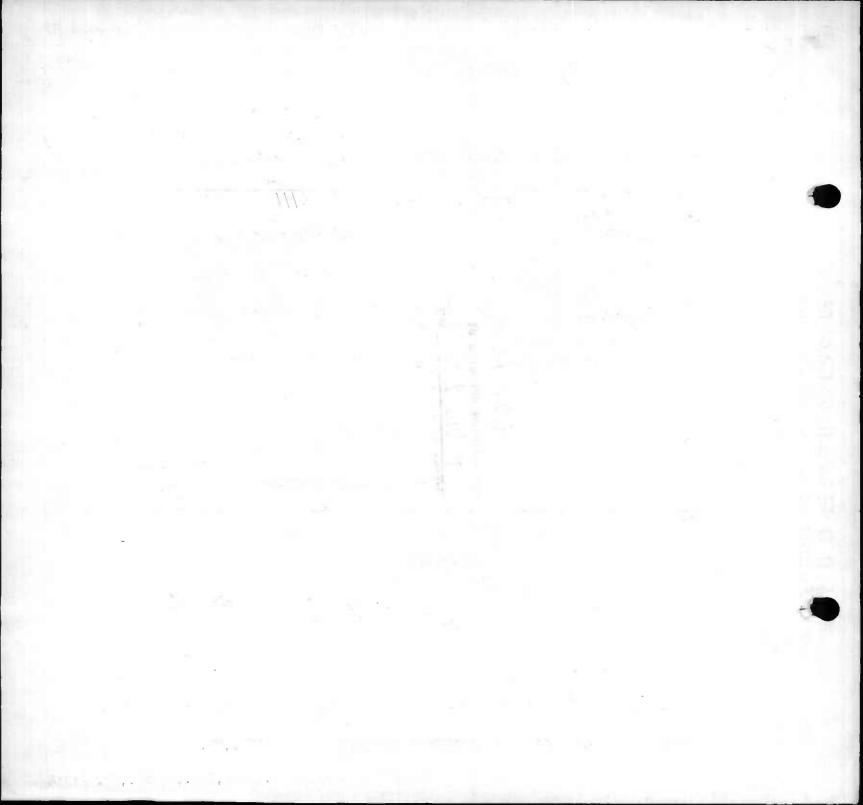
(City, tawn, or county)

VS 150-REV. 1/1/65

ClEL. Ec. Promi 10 day han to Some Payedina Tracker) I by 22 62/6 6/3 2/14/66

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. M.E. CASE NO.	66 09499	BALTIMORE CITY			OP TOAC
	00 03433	CERTIFICA	TE OF DEATH	Registered Na	00 0945
Type or Print			2. DATE A	NO HOUR OF DEATH	17
ARBO	GAST, ELL	EN R.	-ten	T. 19, 1966	8-13
. PLACE OF DEATH IN	BALTIMORE MARYLAND		4. USUAL RESIDENCE Who	ere deceased lived. II ins	titution; residence before
FULL NAME OF HOSPITAL OR	(If not in hospital or institution, address or location)	give street	Merylean	1	
INSTITUTION	addless of localidity		C. CITY OR TOWN (If or	itside city limits, write RI	JRAL and give township
1 -AA	M -02-A 1	1 1	D. STREET ADDRESS (III	rural, give location)	
Marlebel	le Elate de	expelat	128 Wi	000x 1 84	
5. SEX 6. RA		NEVER MARRIED	R. DATE OF RIPTH	9. AGE (In years	If Under 1 Yr. , If Unc
F	111	ED, DIVORCED (specify)	2/23/107	last birthdoy)	Months Doys Hours
	N (Give kind of work 108, KIND O		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
dane during most of working	life, even il refired)		111/1/12	· - / -	WHAT COUNTRY?
13. FATHER'S NAME	1		14. MOTHERS MAIDEN NA	ME	COTT
10:000	i contra	1	100000	3 6/	
5. Was Deceased Ever i	U. S. Armed Forces?	1 6. SOCYAL	17. INFORMANT	Hoar	ADDRESS
Yes, no or unknown) (If yes	s, give war ar dates of service)	SECURITY NO.	20 01-1.	· 0 d	1.
18. 1000	1	253 00 - 22 ≥ SAUSE 0		er Recete	INTERVAL BET
DISEASE OR	CONDITION DIRECTLY	9/2/2			ONSET AND D
	ING TO DEATH	Ca Ca	reisonator	The	
(This does not me heart failure, asther	on the mode of dying,	5 0 Box 10		и Адрийни, ин и и о о о о о о о о о о о о о о о о	
injuly of complicati	on which coused deoth.)	3-414			
	CEDENT CAUSES	W DUE TO			
	ONDITIONS, if ony, giving ve couse (A) stoting (the				
UNDERLYING CO		ASS ASS	***************************************	0 00 00 00 00 00 00 00 00 00 00 00 00 0	
Z		182		1	
E TO THE DEATH	T CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE	HES	A A A i	Sont	
		WHICH OFERATION	20A. AUTOPSY? (Yes or N	o) 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	WAS PERFORMED		Chr	IN CERTYFYING CAU	SES OF DEATH?
2	C HAIDERI MINICETT 21:	R PLACE OF INTITRY (e.g., i.			With the same of the same
U 21A. ACCIDENT WA	CAUSE OF hor	me, form, factory, street, or	n or about ZIC. WHERE DID	"(If in Boltimore	City, give exact location
OR CONTRIBUTING	CAUSE OF hor	me, form, factory, street, of	n or about 71 C. WHERE DID ffice bldg., INJURY OCCUR?	" (If in Baltimore	City, give exact lacaban
OR CONTRIBUTING DEATH (notify medic	CAUSE OF hor etc	me, form, foctory, street, of	Ifice bldg., INJURY OCCUR?		City, give exact location
OR CONTRIBUTING DEATH (notify medic	CAUSE OF hor etc (h) (Doy) (Year) (Hour) 21E WI	me, form, factory, street, of	Ifice bldg., INJURY OCCUR?		City, give exact location
ZIA. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic ZID. TIME OF INJURY (APPROX.)	CAUSE OF hor etc (h) (Doy) (Year) (Hour) 21E WI	me, form, factory, street, of c.) E. INJURY OCCURRED hile At Not Whil ark At Work	lfice bldg., INJURY OCCUR?		£
21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic 21 D. TIME OF INJURY (APPROX.) 22. I certify that (CAUSE OF hor etc (h) (Doy) (Year) (Haur) 21E WI	E. INJURY OCCURRED hile At Not While ork At Work the deceased fram	Iffice bidg, INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	pt 19 1
OF INJURY (APPROX.) 21 A. ACCIDENT WAR OR CONTRIBUTING DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (I) (we) last	CAUSE OF ol examiner) hardetc (th) (Doy) (Year) (Haur) 21E Will (this hospital) attended to	E. INJURY OCCURRED Thile At Not While At Work The deceased fram	21F. HOW DID IN:	JURY OCCUR?	pt 19 1
21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (1) (we) last the contribution of the contrib	CAUSE OF hore etc of examiner) (h) (Day) (Year) (Haur) 21E W W W W W W W W W W W W W W W W W W W	E. INJURY OCCURRED Thile At Not While At Work The deceased fram	21F. HOW DID IN:	JURY OCCUR?	pt 19 1
O 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (i) (we) last and haur and fram	CAUSE OF hore etc of examiner) (h) (Day) (Year) (Haur) 21E W W W W W W W W W W W W W W W W W W W	me, form, factory, street, of colors, street, st	21F. HOW DID IN 19 66 and the sending Med.	JURY OCCUR? 19 ta la	A 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and haur and fram 23A. SIGNATURE	CAUSE OF hore etc of examiner) (h) (Day) (Year) (Haur) 21E W W W W W W W W W W W W W W W W W W W	me, form, factory, street, of colors. E. INJURY OCCURRED hile At Not While ork Not While ork Not While ork Not Work Not Not Work Not	21F. HOW DID IN 19 66 and the sending Med.	JURY OCCUR?	A 19 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (i) (we) last and haur and fram 23A. SIGNATURE	CAUSE OF hore etc of examiner) (h) (Day) (Year) (Haur) 21E W W W W W W W W W W W W W W W W W W W	me, form, factory, street, of colors. E. INJURY OCCURRED hile At Not While ork Not While ork Not While ork Not Work Not Not Work Not	21F. HOW DID IN 19 66 and the view the bady after death. Med. Director	JURY OCCUR? 19 ta la	A 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21A. ACCIDENT WAR OR CONTRIBUTING DEATH (notify medic DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (I) (we) last and haur and fram 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATIO	CAUSE OF hor etc	me, form, factory, street, of colors, street, stree	21F. HOW DID IN. 21F. HOW DID IN. 19 66 and the standard after death. 23D. ADDRESS MONTEBER	JURY OCCUR? 19 ta la	ian death accurred a 238. DATE SIGNED 9/19/66
21 A. ACCIDENT WAR OF CONTRIBUTING DEATH (notify medic DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (i) (we) last and haur and fram 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) BARR	CAUSE OF hor etc of examiner) (h) (Doy) (Year) (Hour) 21E Wight (Hour) 21	me, form, factory, street, of c.l.) E. INJURY OCCURRED hile At Not While ork Not While At Work the deceased from	21F. HOW DID IN 21F. HOW DID IN 19 66 and the second of	Stoff Phys. Cocation (City	ian death accurred a 238. DATE SIGNED 9/19/66
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and haur and fram 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) BARR (Specify) 24A. BURIAL CREMATIO REMOVAL (Specify)	CAUSE OF hor etc	E INJURY OCCURRED hile At Not Whil ark At Work the deceased fram (1) (We) (did) (did not) v M.D. Atte Phy M.D. Atte	21F. HOW DID IN 21F. HOW DID IN 19 66 and the price of	Stoff Phys. OCATION (City	ian death accurred a 238. DATE SIGNED 9/19/66



BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	Registered No.66 095
--	--------------------	---------------	---------	----------------------

M.E. CASE NO.		E PANIL A LINE II.	M. D. T. B. T. E.
1. NAME OF DECEASED (Type or Print) Liiliam C Mol	(aughlin	2. DATE AND HOUR PRON	
WIIIIam G. MCI			9/15/66 7:00 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	A. STATE	Maryland	. If institution: residence before admission B. COUNTY Its, write RURAL and give township)
7	D. STREET	ADDRESS (If rurol, give location)	7-01
Mercy Hospital		509 E. 38th St	
5. SEX 6. RACE 7. MARRIED, NEVEL			years If Under 1 Yr. If Under 24 Hr
male white WIDOWED, DIVOR	CEDIspecify	77	Wolfins Doys Froms William
IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSH	NESS OR INDUSTRY 11. BIRTHPL		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			WHAT COUNTRY.
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME	
	CURITY NO.	ANT	ADDRESS
18, 7 9 %	CAUSE OF DEATH		INTERVAL SETWEEN
DISEASE OR CONDITION DIRECTLY			סווסבו אוני סווס
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) Drowning	***************************************	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DOE 10		
	(C):		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	eshible Your		
DISEASE OR CONDITION CAUSING IT.	H OBERATION 2004 AUI	CORCY2 (Von at Na) 1208 IE VEC V	WEBE EINDINGS CONSIDERED
O WAS PERFORMED	no		G CAUSES OF DEATH?
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB-	E OF INJURY (e.g., in or obout 2'	1C. WHERE DID (If in Soltimore NJURY OCCUR?	City, give exact location)
UNDERLYING OR CONTRIB-	water	Pier 4 - Pratt St	
OF INJURY	JURY OCCURRED 21	IF. HOW DID INJURY OCCUR?	
(APPROX.) 9 15 66 6:20p. m. WHILE WORK	AT WORK X	jumped into harbo	r
22. I certify that I held an Inquiry Ins	pection X Autopsy	ond that on this bosis, deo	th in my opinion
resulted from: /Notural couses Accide		omicide Undetermined	
NI		F MEDICAL EXAMINER	
ACTUAL MUNIC h - ?	A ASSISTAN	T MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S		TE MEDICAL EXAMINER	9/16/66
NAME (Type)Werner U. Spitz, M.	D		
	ME of CEMETERY or CREMATO	RY 23 D. LOCATION	(City, town, or county) (State)
7	Loudon Park Cemet	tery Baltimore	e, City,
24A. DATE REC'D SY HEALTH DEPT. 24B. NAME OF RE	GISTRAR 24C. FI	UNERAL DIRECTOR	ADDRESS
SEP 20 1966 (Les &.	tabapa Um	C. O. Rickner & Sons J	Luc. North & Janua a
VS 151-REV. 1/1/65 \ / /			

